**USSDS Payment Manual**
**03-001.01**
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# USSDS
# PROVIDER PAYMENTS MANUAL

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**and ILC (DCFS)**

# DEPARTMENT OF HUMAN SERVICES

# PAYMENTS MANUAL

## BUREAU OF FINANCE

The Department of Human Services contracts with a number of vendors to provide services to the department. The kinds of services range from individual assessment of clients, through provision of home care, group care to day training. These services are provided either at set rates per client (per hour, for instance), or at a fixed cost for a contract period, no matter how many clients are served.

**Payments for these services are issued and tracked by the USSDS--Unified Social Services Delivery System--a computer-based information management system.**

With such a diversity of services and agencies with which to deal, a complex set of processes must be accomplished before a payment to a provider can be made. This MANUAL provides a reference- point for making such payments. No such brief guide can provide instructions for all contingencies. However, we have attempted to cover as many points as possible that might arise. The reader is referred to the short "Worker's Quick Reference Sheets" for a quick reference, and then to the entire MANUAL for more detailed explanations of various operations.

A worker desiring a copy of this manual should contact the Bureau of Finance—(801)538-4252.
There are many places in this Manual in which the term "USSDS Help Desk" is used. It should be noted that this means the following:

Department of Human Services
Bureau of Finance
Attn: USSDS Helpdesk
120 North 200 West
Room #213
Salt Lake City, UT 84102

There is one primary USSDS Help Desk worker in the Bureau of Finance office. The USSDS Help Desk's activities are devoted primarily to issuing the Provider Payroll each week, making needed corrections, and other changes in specific cases. In addition, the USSDS Help Desk works closely with the Office of Technology to make the necessary changes to the computer system required by the creation of new modules and requests for new reports.

All changes requested to the system and it's output (reports, etc.) should be sent directly to the USSDS Help Desk in the Bureau of Finance. If approved, these are then sent to the programmers for the changes to be made. If you have specific questions related to desired changes, contact the USSDS Help Desk.

## USSDS System Modifications - Overview

The Bureau of Contract Management and the Office of Technology have combined to make modifications to the USSDS payment system. The two major changes to the system are as follows:

1. **Non-Fixed Amount Contracts:**
   The USSDS system has been modified to require the entry of contract numbers for non-fixed amount contracts prior to payments. Service codes will be the key indicator used to require the entry of contract numbers for both non-fixed amount and fixed amount contract services. The service code "contract" property will be modified and utilized to enforce data entry requirements.

2. **Provider Record Data Entry:**
   The USSDS system has been modified to require that all 10-character provider records (records with the providers tax identification number followed by an alpha character) must have an accompanying 9-character provider or "corporate" identification number.

The major benefits of these changes include the following:

- a. Prevent payments without a contract in place prior to payment.
- b. Enhance payment tracking for USSDS payments on "non-fixed amount" contracts.
- c. Standardize entry of provider ID (Federal tax identification), provider corporate name, and contract number.

The above changes have resulted in the creation of new functions (screens) in USSDS, new data entry responsibilities and requirements, and modified procedures for entering provider records, contract records, and contract approvals. The diagram at the end of this document identifies the steps and responsibility for data entry of these functions. Attached materials give step-by-step instructions for data entry. Additional attached materials cover new and modified provider search functions, new passwords for screens that create provider records, contract records, and payment approval records, and a request form for the creation of 9-character provider records.

3. **Major Changes for USSDS Users**
   - a. Payment approval records (519 records) for all contracted payments will require a contract record prior to creating approval records. BCM will input all contract records and approval records for fixed amount contracts. BCM will input the newly required contract records for non-fixed amount (open) contracts. After BCM has created a contract record, divisions will be responsible for creating approval records for non-fixed amount contracts.
   - b. 10-character provider records will only be able to be created if there is a matching 9-character approval record. Except for providers that require a license to be entered in USSDS, BCM will create all 9-character provider records. In the case of non-contracted payments/approvals, divisions will need to contact BCM (see attached form) to create provider records.
   - c. New and modified search functions (PR03 and PR16) have been developed to aid in the identification of existing provider records to be used to create payment approval records.
   - d. When entering client authorizations (CP08), contract numbers will be required on services that are contract related.

## HOW TO OPEN A CLIENT AUTHORIZATION

**Profile E or M: DHS personnel (non DCFS and non DAAS)**
DCFS use SAFE. DAAS use the AP00 screens, DSPD use the SD00 screens

### A. CLIENT AUTHORIZATION (CP08)

1. Type "MM00" in the "GO TO NEXT" space to go to the Main Menu.

```
USSDS  MM00           MAIN MENU                   03/28/01  953105

          GO TO NEXT CP08  SCREEN  PASSWORD ?????
          CLIENT           PROVIDER             REFERRAL

    0000  TO TERMINATE SESSION            HB00  HOME BASED SERVICES
    AD00  ADMINISTRATIVE                  HT00  ENERGY ASSISTANCE (HEAT)
    AP00  ADULT REFERRAL                  JB00  JOBS
    CN00  CHILD ABUSE-NEGLECT             MH00  MENTAL HEALTH
    CP00  CLIENT PATHWAY                  PP00  PAYMENTS
    CW00  CHILD WELFARE CASE MGMT         PR00  PROVIDER
    DV00  DOMESTIC VIOLENCE               SD00  HANDICAPPED SERVICES
    EA00  EMERGENCY ASSISTANCE            SS00  ASSISTANCE PAYMENTS REVIEW
    FC00  OUT-OF-HOME-CARE                ST00  STATE OFFICE
    HC00  HEALTH CARE NEEDS TRACKING
```

   a. At the Main Menu, enter "CP08" into the "GO TO NEXT" space. Then enter the password.
   b. Hit "Enter"

2. This will take you to the "PURCHASE SERVICE ADD" screen.

```
USSDS CP08           PURCHASE SERVICE ADD                      03/28/01
1134243

  CLIENT ID  040019932
  SERVICE    YST
  KIND D
  PROVIDER   123456789

 GO TO NEXT      SCREEN  REFERRAL
```

   a. Here you must enter the "CLIENT ID", "SERVICE CODE", "KIND", and 'PROVIDER ID"
   b. Hit "Enter"

3. This will take you to the “PURCHASE SERVICE ADD” screen

```
USSDS  CP08           PURCHASE SERVICE ADD                      03/28/01
1138033

CLIENT ID 040019932  NAME SOCIA MADEN
 SERVICE YST  KIND D CAT ELIG UN   ELIG START DATE 01JUL92

UNITS   BUDGET     SVC    BUDGET   WORKER    PROVIDER    CONTRACT    START
        SOURCE     ELIG   DIST-OFF   ID         ID        NUMBER      DATE

001        F        UN       CY1      CY07     123456789   123456
01JUL00

END DATE

GO TO NEXT      SCREEN  CLIENT 040019932 PROVIDER 123456789  REFERRAL
```

a. Enter "UNITS", "BUDGET SOURCE", SERVICE ELIGIBILITY", "BUDGET DISTRICT OFFICE", "WORKER ID", "CONTRACT NUMBER" and "START-DATE". (**NOTE:** All dates in this screen must be entered in the form of DD/MMM/YY-"01jul01".)

b. Hit “enter.”

```
PURCHASE SERVICE ADDED-CP08
USSDS CP08           PURCHASE SERVICE ADD           03/28/01 1134243

  CLIENT ID
  SERVICE
  KIND
  PROVIDER

 GO TO NEXT      SCREEN  REFERRAL
```

c. If everything is OK, the message "PURCHASE SERVICE ADDED-CP08" will appear at the top of the screen.

**YOU MUST DO A CP08 FOR EACH SERVICE THE CLIENT IS RECEIVING.**

## HOW TO DO A CLIENT PAYMENT

**Profile R: DCFS personnel**
**Profile E: DHS personnel (non DCFS)**

1. Type "MM00" in the "GO TO NEXT" space to go to the Main Menu.

```
USSDS  MM00                       MAIN MENU                  03/28/01
953105

          GO TO NEXT PP02  SCREEN  PASSWORD ?????
          CLIENT           PROVIDER           REFERRAL

    0000  TO TERMINATE SESSION            HB00  HOME BASED SERVICES
    AD00  ADMINISTRATIVE                  HT00  ENERGY ASSISTANCE (HEAT)
    AP00  ADULT REFERRAL                  JB00  JOBS
    CN00  CHILD ABUSE-NEGLECT             MH00  MENTAL HEALTH
    CP00  CLIENT PATHWAY                  PP00  PAYMENTS
    CW00  CHILD WELFARE CASE MGMT         PR00  PROVIDER
    DV00  DOMESTIC VIOLENCE               SD00  HANDICAPPED SERVICES
    EA00  EMERGENCY ASSISTANCE            SS00  ASSISTANCE PAYMENTS REVIEW
    FC00  OUT-OF-HOME-CARE                ST00  STATE OFFICE
    HC00  HEALTH CARE NEEDS TRACKING
```

a. At the Main Menu, enter "PP02" into the "GO TO NEXT" space. Then enter the password.

b. Hit "Enter"

2. This will take you to the "PROVIDER AUTHORIZATION MATCH PAYMENTS" screen.

```
USSDS: PP02     PROVIDER AUTHORIZATION MATCH PAYMENTS        03/28/01
1143003

                ENTER NEXT PROVIDER AND-OR CLIENT FOR PAYMENTS


PROVIDER ID: 123456789B  CLIENT NAME

 DISTRICT:  YC

   OFFICE:   (OPTIONAL)
```

```
SITE CODE:      (DSPD ONLY - OPTIONAL)

GO TO NEXT      SCREEN  CLIENT           REFERRAL
```

a. You must enter the "PROVIDER ID", and "DISTRICT" here.
b. Hit "Enter"

3. This will take you to the "PP02 PROVIDER AUTORIZATION MATCH PAYMENTS" screen.

```
USSDS: PP02  PROVIDER AUTHORIZATION MATCH PAYMENTS        03/28/01

CLIENT ID: 123456789                       PROVIDER ID: 123456789B
NAME:    FIRSTNAME ONEONEWONW I    DISTRICT: YC   SITE CODE:

SVC  KIND   RATE    UNITS   ELIG   START     END    BUD-SRC  WORKER
CONTRACT
YST   D      100.00     1     FT   01Jan01  28Feb01     Y      YC01
111112


                         ENTER  PAYMENT  DATA

   START-DT     END-DT    UNITS     AMOUNT     OVERIDE
   01jul01     30jul01     OO1     5673.09


NEXT CLIENT NAME

GO TO NEXT      SCREEN  CLIENT 040019932 PROVIDER 123456789B REFERRAL
```

a. You must enter the "START DATE", "END DATE", "UNITS", and "AMOUNT"
b. Hit "Enter"

```
END OF DATA FOR PROVIDER-DISTRICT
USSDS: PP02     PROVIDER AUTHORIZATION MATCH PAYMENTS      03/28/01 1143003

               ENTER NEXT PROVIDER AND-OR CLIENT FOR PAYMENTS


PROVIDER ID:            CLIENT NAME

 DISTRICT:

   OFFICE:   (OPTIONAL)

SITE CODE:      (DSPD ONLY - OPTIONAL)

GO TO NEXT      SCREEN  CLIENT           REFERRAL
```

c. If everything is "OK", the message "END OF DATA FOR PROVIDER-DISTRICT" will appear at the top of the screen and you will be taken back to the PP02 screen.
d. Type in the next Provider ID and District to do another client payment or “MM00” in the “GO TO NEXT” screen to return to the main menu.

## USE OF BILLING FORMS

Three types of billing forms exist. No payment may be made without the completion of one of these forms. They are as follows:

1. **PROVIDER BILLING FORM**: DHS 520A or FORM-520. The 520A forms are used to pay providers for **routine costs/services on a specific client(s)**. The 520A forms are generally preprinted by the computer with CLIENT-ID, CLIENT-NAME

and various other data. They are mailed to the provider, who must modify them as needed and then must submit them to the Regional Office.
The Regional Office must ensure their correctness and timely entry into the USSDS. From the information entered into USSDS system, the weekly run of provider payments are created and a check will be generated to the provider providing no errors are discovered in the payment edits within the system process. The form offers a permanent record, signed by the provider, that a bill for those clients mentioned has been submitted to the department.

**All DHS 520A forms are printed and mailed around the 20th of each month.**

The Form 520 is manually completed on providers who have not received their DHS 520A statement.

2. **COST OF SERVICE BILLING FORM**: FORM 1032. **These forms are generally used to pay a contracted provider for a 'cost of service' the provider performs** for the Department. These forms are completed by the worker and the data is entered into USSDS by the terminal operator. Payment is made within the next weekly payment run.

3. **ONE TIME PAYMENT**: FORM 295S. This form should be used to request a single, 'one-time' payment. This form should not be used to request payment for routine, reoccurring or repeat services, such as **"M"**onthly payments.
**DCFS-**all special needs payments- SNP, SIL, SNC should be paid through **S.A.F.E.**
**DSPD-**all special needs payments- SNP should be paid through **USSDS**.

These requests for payments are entered into USSDS by the regional office -- with the exception of the Handwritten Check Request (Form 1051).

## COMPLETION & APPROVAL OF BILLING FORMS

The first step in securing a provider's payment for their services is the completion of a billing form. This is done in one of three ways, depending on what is to be paid. This section will detail each of those methods. In addition, the method of approving the submitted billing form(s) will be discussed.

A. **DHS Form 520A**: The vast majority of payments are made on the DHS 520A form. As discussed in the previous section, these are printed monthly and mailed to providers. In some cases, however, the Form 520 is handwritten or typed by the provider or the worker. **The following data must appear on the form for**
**entry of** **payment.**

**DISTRICT RETURN ADDRESS** - This information is preprinted on the 520A forms. This is the three letter code from which the payment request originates.

**PROVIDER NAME** - The name and address of the provider who is submitting the bill.

**PROVIDER ID** - The identification number used by the provider for the IRS (which may or may not be the provider's Social Security Number).

**CLIENT ID** - The nine numeric-digit code assigned to each client. There must be a Client ID for each client.

**CLIENT NAME** - The name of the client. This field is also required.

**ELIGIBILITY** - This two-letter code is a requirement for payment.

**WORKER ID** - This 4-character code is obtained from Screen CP08 (or the corresponding screen, such as SD08) for that particular service.

**START & END DATE** - The day of the month on which the authorization for service was opened and ended.

**SERVICE NEED CODE** - This three-letter code identifies the type of service the provider is billing the client.

**UNITS** - This is a numeric field identifying the number units for which payment is sought.

**KIND** - This is an alpha character field identifying the kind of unit for which payment is sought.

**RATE** - The cost of service(s) for the client.

**TOTAL AMOUNT** - Multiply the number of unit cost by the rate for each service. For instance, if ABC service rate $5.98 per unit and 26 units are billed, the TOTAL AMOUNT is $5.98 X 26 = $155.48. This total must be completed and entered in the "Billed Amount" column by the provider.

**BILLED AMOUNT** - The billed amount for service code ABC would be $5.98 X 26 = $155.48. This should be entered in the "Billed Amount" column.

**SIGNATURE** -Each DHS billing form must be signed and dated by the provider before payment can be entered in USSDS.

All of the items listed above are preprinted automatically on the DHS 520A prior to its being mailed to the provider. **It is the responsibility of the provider to read, confirm, and/or change these items.** It is possible, for instance, that one client on the form may not have been served during all or a portion of the month being billed. Handwritten adjustments on this form must be made. The **Provider** and **caseworker** should clearly indicate which handwritten adjustment goes with which client. **Mark out with a bold, single line any preprinted data which is not to be paid.**

B. **DHS Form 520**: The Form 520 is handwritten or typed by the provider or the caseworker. **The following data must appear on the form for entry of payment.**

**DISTRICT RETURN ADDRESS** - This information must be entered on the 520 forms. It is the three letter code from which the payment request originates.

**PROVIDER NAME** - The name and address of the provider must be entered on the form that is submitting the bill.

**PROVIDER ID** - The identification number used by the provider for the IRS: Social Security Number or Federal Tax Identification Number.

**CLIENT ID** - The High Level Client Index (HLCI) nine numeric-digit code assigned to each client. There must be a Client ID for each client.

**CLIENT NAME** - The Legal name of the client (not the nickname or alias). This field is also required.

**ELIGIBILITY** - This two-letter code is a requirement for payment.

**WORKER ID** - The caseworker's 4-character ID.

**START & END DATE** - The day of the month on which the authorization for service was opened and ended. (DDMMMYY to DDMMMYY)
Such as 01Jul00-31Jul03

**SERVICE NEED CODE** - This three-letter code identifies the type of service the provider is billing for the client.

**UNITS** - A numeric field identifying the number of units for approved payments.

**KIND** - An alpha character field identifying the kind of unit.

**RATE** - The amount per unit specified for service type for the client.

Once each DHS 520A or Form 520 has been completed, signed, and dated by the provider, it is mailed or carried to the Regional Office.

If a handwritten Form 520 is involved, all items are completed by either the provider or the caseworker. As before, original signatures and dates of the provider and the caseworker must be on the form before entry into USSDS

**The following is the definition of "AUTHORIZING WORKER SIGNATURE " As outlined by The Office Of Fiscal Operations, for "Review and approval (certification) of service payments processed through the UNIFIED SOCIAL SERVICES DELIVERY SYSTEM (USSDS)**

The principal worker (caseworker) assigned to each individual Department client must review and approve (through written signature for paper form, or e520 authorization for payments submitted electronically) the billing for services provided to their respective clients prior to the processing actual payment. The caseworkers signature (or e520 authorization) is certification that the services are billed at the appropriate rate and that, to the best of the caseworkers knowledge, the services were fully provided.
Back-up payment certification (for instances when the principal caseworker is not available) should only occur rarely. The individual best able to review and approve the billing for the principal caseworker, such as the caseworker's supervisor, should perform the back-up payment certification.

Effective controls over provider payments are the responsibility of each Division. Divisions may implement controls in addition to these procedures. Each Division is responsible to ensure that individuals certifying payments cannot also set up providers or approve rates and service codes in USSDS.

**Receipts for purchases are required and should accompany request for payment from provider. These receipts should be filed in the appropriate client file. Please note all purchasing policies should be followed for example: bids if over pre-approved dollar amount or sole source letter.**

**C.** **FORM 1032**: **COST OF SERVICE BILLING FORM** - These forms are never preprinted. They must be completed by hand by either the provider or the worker. The following items must be shown:

**PROVIDER ID** - The proper nine (sometimes ten) numeric (with one alpha) field must be completed.

**PROVIDER NAME** - The Legal/Corporate name of the provider.

**DISTRICT OFFICE** -The three alpha character letter of the Regional Office.

**DETAILS OF ACTUAL COSTS** – This field must be completed with detailed explanation of costs being billed.

**AUTHORIZING WORKER SIGNATURE & DATE**- It is required. The form must be signed and dated by the caseworker.
(See above for detailed definition of "Authorizing Worker")

**PROVIDER SIGNATURE & DATE** - The 1032 form can not be processed unless it is signed and dated by the provider.

**SERVICE CODE** - A three-character code for the service being paid.

**KIND OF UNIT** - A one-character code for "KIND" must be entered. (See valid codes in upper right-hand corner of form).

**PAYMENT START/END DATE** - This is the date on which billing begins and ends for the service being billed.

**UNITS** - The number of units being billed must be entered.

**RATE** -The State established rate for services. View AD03 for service code rate(s).

**PAY AMOUNT** - The amount being billed on form.

**CONTRACT NUMBER** – This is a required field. All contracted services require a contract number.

**BUDGET DISTRICT** - This is a three character field which identifies the office location.

**ELIGIBILITY** - This is a two-alpha character field used to determine which source of funds will pay for these services. This code must be accurate.

**WORKER NUMBER** - A four-character alpha/numeric designation of the worker completing the form must be entered

**BUDGET SOURCE** - This one-alpha character code is entered by the worker. The valid codes for Budget Source are found in the upper right corner of Form 1032.

**TERMINAL OPERATOR'S INITIALS & DATE** - Once entry of the data into USSDS is complete, the terminal operator is **required** to initial and date this form.

**TOTAL AMOUNT AUTHORIZED IN THIS BILL** - The total amount to be paid equals the 'Pay Amount' field.

D. **FORM 295S**: This form is used for ONE-TIME PAYMENTS only (e.g., Special Needs payments). The form is submitted with all other billing forms to the Bureau of Finance after the data for payment have been entered into USSDS. One Time payments must be (1) for a client who has a unique ID number and who has established eligibility for the time span of the payment and (2) the provider must have been approved to receive payments during the same period. Only one client, one service and one provider is processed on each form. Some one-time payments require Prior Approval. When Prior Approval has been given, the provider can render or obtain the service, and subsequently submit the bill.

**The data which must be completed in its entirety on this form are:**

**DATE** - Use the current date this form is being rendered.

**PROVIDER ID**- A nine or ten numeric field that identifies the provider who is submitting for payment.

**PROVIDER NAME** - The Legal name of the provider.

**CLIENT ID/ Client Name** -A nine numeric identification field. If the payment is to be allocated to more than one specific client, each Client ID and Client Name must be completed.

**EXPLAIN REASON FOR REQUEST** - An detailed explanation for the requested one-time payment must be completed.

**PROVIDER SIGNATURE AND DATE** - Before payment can be made, the worker and the terminal operator should confirm that the Provider has signed and dated this request.

**AUTHORIZING WORKER SIGNATURE** - It is required. The form must be signed and dated by the caseworker.
(See above for detailed definition of "Authorizing Worker")

**AUTHORIZED NEEDS APPROVAL** - The signature, title, and date of the supervisor is required. Receipts must accompany the billing form, from the provider for the client's purchases. The receipts should show the date, the item purchased, and the cost clearly marked. **The receipts are attached to a copy of the signed billing form and need to be retained in the client's file.**

**SERVICE CODE** - The three-character code for a valid service (See screen AD03, for valid codes.)

**KIND OF UNIT** - A one-character code indicating the kind of service.

**PAYMENT START DATE/PAYMENT END DATE** - This is the date on which services being billed began and ended.

**UNITS**- The number of units being billed by the provider.

**RATE** - The approved cost of the service being billed.

**PAY AMOUNT** - The total amount approved for payment by the worker.
(rate X unit = payment amount ).

**CONTRACT NUMBER** -This six character field is required for those services whose contracts reside at the State level.

**BUDGET DISTRICT** - This 3-character code identifies the Regional Office. There are exceptions. MR1 for DSPD- State Office.

**ELIGIBILITY** - The two-alpha character code determines which funded payment should be charged.

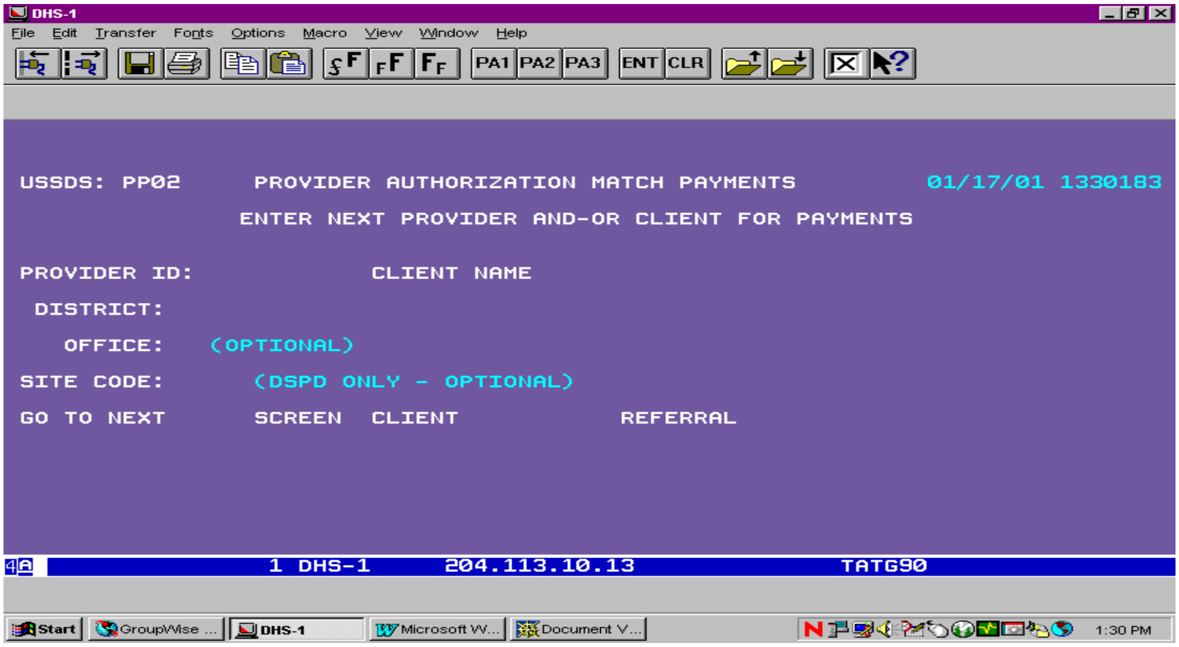
**WORKER NUMBER** - A four-alpha/numeric field assigned to the worker.

**BUDGET SOURCE** - A single alpha code that indicates which location office that will be charged.

**TERMINAL OPERATOR'S INITIALS & DATE** - Once the payment has been entered, the terminal operator is **required to initial and date** the form.

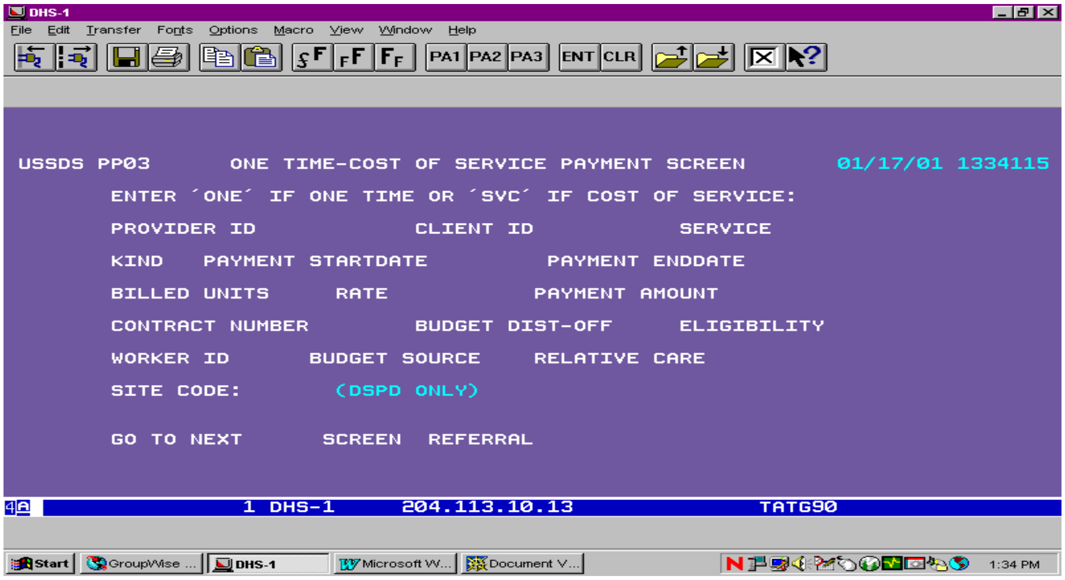
**TOTAL AMOUNT AUTHORIZED IN THIS BILL** - The total should be the same as the amount to be paid (unit X rate = payment amount).

Example of PP02


DHS-1
File Edit Transfer Fonts Options Macro View Window Help
PA1 PA2 PA3 ENT CLR
Start GroupWise ... DHS-1 Microsoft W... Document V...
1:30 PM

```
USSDS: PP02      PROVIDER AUTHORIZATION MATCH PAYMENTS        01/17/01 1330183
                ENTER NEXT PROVIDER AND-OR CLIENT FOR PAYMENTS

PROVIDER ID:              CLIENT NAME
 DISTRICT:
   OFFICE:    (OPTIONAL)
SITE CODE:       (DSPD ONLY - OPTIONAL)
GO TO NEXT       SCREEN  CLIENT           REFERRAL

               1 DHS-1      204.113.10.13             TATG90
```

Example PP03


DHS-1
File Edit Transfer Fonts Options Macro View Window Help
PA1 PA2 PA3 ENT CLR
Start GroupWise ... DHS-1 Microsoft W... Document V...
1:34 PM

```
USSDS PP03      ONE TIME-COST OF SERVICE PAYMENT SCREEN       01/17/01 1334115
       ENTER ´ONE´ IF ONE TIME OR ´SVC´ IF COST OF SERVICE:
       PROVIDER ID            CLIENT ID           SERVICE
       KIND    PAYMENT STARTDATE          PAYMENT ENDDATE
       BILLED UNITS      RATE            PAYMENT AMOUNT
       CONTRACT NUMBER        BUDGET DIST-OFF     ELIGIBILITY
       WORKER ID       BUDGET SOURCE     RELATIVE CARE
       SITE CODE:        (DSPD ONLY)

       GO TO NEXT       SCREEN  REFERRAL

                1 DHS-1      204.113.10.13           TATG90
```

## ENTRY OF BILLING DATA INTO USSDS

A. **Use of Screen PP02.**

Prior to this section there are illustrations of the first of two **PP02** screens and the **PP03** screen. The **PP02** screen is the one into which almost all billings are entered, in particular the Form 520's.
Forms 1032 and 295S are entered into screen **PP03**, described below. (Occasionally, some payments from Form 520 are also entered into **PP03**. See below for a definition of these.)

You must type the **Provider-ID** and the **District** (region) into this screen, at a minimum. If you know the client's last name, you may also enter this. Pressing **ENTER** will bring you to the data entry screen. **BE VERY CAREFUL AT THIS POINT**. There are possibly many screens, alphabetized by Client-ID in PP02. By pressing **ENTER** you can page through the screens. Each screen is an eligible payment "waiting" to be authorized by a worker in the District you typed. **Before you authorize a payment, be sure you have the correct Client-ID, Service Code, Kind, and appropriate dollar amount approved by the caseworker.**

In order to authorize a payment using this screen, follow the directions given below. You will note that a considerable amount of data is presented, including the following:

**CLIENT ID** - No explanation needed.

**CLIENT NAME** - No explanation needed. This is not a mandatory field, however, if it is not completed, all eligible billings for the designated **DISTRICT** will appear.

**DISTRICT** - This three letter designation is critical in the first screen for obtaining the correct group of billings among the many.

Once these three fields have been completed and you press **ENTER**, the data screen should appear. If you do not enter a Client Name, all eligible billings for the entered District will appear in alphabetical order. Under any circumstance, be sure the data for the billing you wish to authorize is on the screen. If not, press ENTER and the next (in alphabetical sequence of last name) will appear. Continue until the entry you wish is on the screen. It is possible that one client will have multiple payments showing as eligible in this screen. There could be the same or different services, and there could also be the same service with different kinds. Finally, the same client could have the same service and kind for different periods of time; e.g., two separate months.

In order to authorize a payment, you must complete certain fields on this screen. They are as follows:

**START-DATE** - This is the date which this service you are paying started for the pay period you are entering.

**END-DATE** - This is the date which this service you are paying ended for the pay period you are entering.

**UNITS** - The number of units you are authorizing for this payment go in this field. The number of units must not exceed the number of units allowed within the pay period (defined by START-DATE and END-DATE you entered). For instance, if the **KIND** is "Monthly", you may have only 1 unit. (In addition, for "Monthly" kind, the START-DATE must be the first day of the month and the END-DATE must be the last day of the month.) For "Daily" kind, the number of units must not exceed the number of days in the month or the number of days authorized, whichever is smaller.

**AMOUNT** - To complete this field, the number of units you are authorizing should be multiplied by the unit rate. This product is entered into this field. For example, if

4 units are authorized and the unit rate is $27.52/unit, the **AMOUNT** is $110.08. If, on the other hand, the unit rate is $25.00, the amount you enter would be $100.00. (You must enter the decimal point, even if the amount contains no cents.)

B. **EDITS ON SCREEN PP02** - Each time the worker enters a piece of data, the system will edit it against pre-existing data. For instance, if the dates requested are "01JAN98" through "31JAN98", and the contract for this payment began on 15JAN98, the system will reject this payment and a message will appear at the top of the screen after **ENTER** has been pressed. All fields you must complete are edited in this manner. If 15 Daily units have been authorized for a month, and a request is made for 16, the system will "edit" this out and prevent your making the request for payment.

**OVERRIDES-These are special fields and should be used sparingly**. There are a number of reasons why you might want to pay the provider more than the amount allowed by USSDS. **ALL PAYMENTS THAT ARE PAID BY OVERRIDE CODES, 'U', or 'A', MUST (NOT OPTIONAL) BE SIGNED OFF BY THE CASEWORKER AND THE CASEWORKER SUPERVISOR. All PAYMENTS THAT ARE PAID BY OVERRIDE CODE, 'D', MUST (NOT OPTIONAL) BE SIGNED OFF BY REGIONAL /OFFICE DIRECTOR.**

1. **"U" or Unit Override code**- this **is** used if you needed to pay for **more** than the allowed number of units within the specified service period. **Ideally**, if the clients' number of units in USSDS is not correct, correcting the units on the client is preferable than using the override.

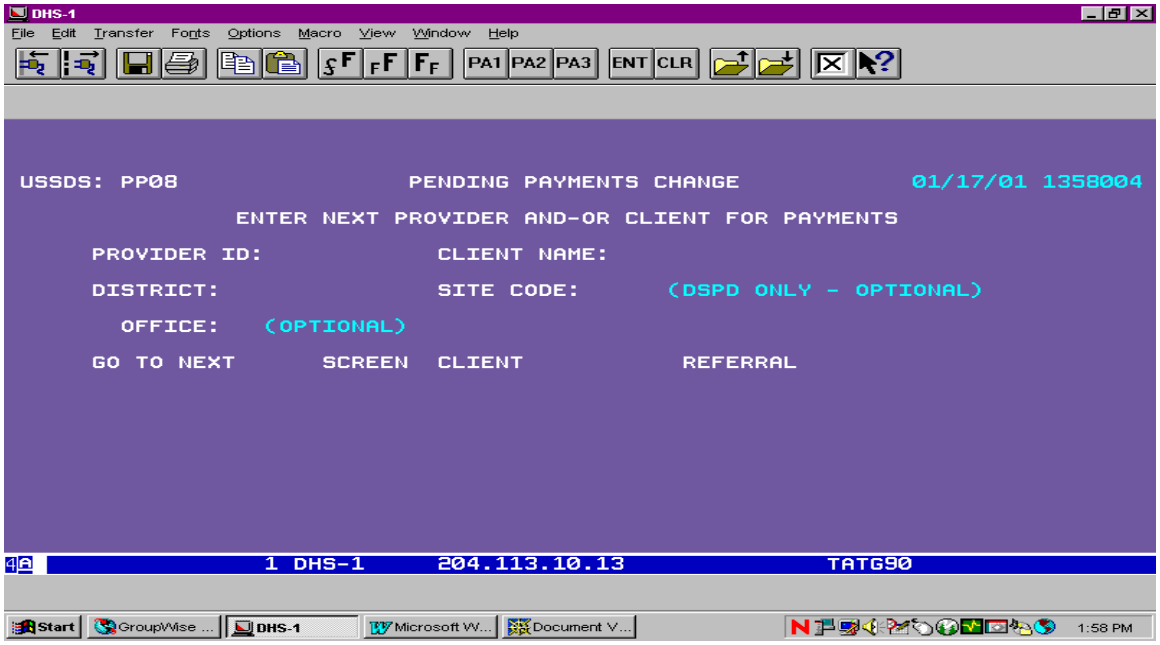
2. **"A" or Amount Override code**- this code is used if you needed to pay for dates other than those shown as between **START-DATE** and **END-DATE** (example: billing form lists 01AUG02-17AUG02, and USSDS CP13 screen lists 01AUG02-15AUG02). Correcting the service dates on the client is preferable to using the override. The USSDS system has edits in the system when more than one month is entered at a time (example: 01Feb02-30Mar02) is not allowed.

3. **"D" or Director override code-** this code is to be used by the Director/Regional Director of the Office, ***only***. It will override the edits on most of the elements, which can cause your payment to exception. The 520 form **must** be signed (written signature only) by the Director, and a memo clarifying the reason for the override, before entry can be done. Please attach original memo to the payroll documents for that specific provider which are sent for that weeks pay run, and keep a copy of the memo with the regions copies of the payment documents.

C. **SUBMISSION OF BILLING FORMS**- After entry of all items from the billing forms (s), the terminal operator must initial and date each billing form (making sure that the provider and caseworker has signed off on it).

D. **ERRORS IN ENTRY** - If the terminal operator realizes a mistake in payment entry that has been made on **PP02**, certain changes may be made on Screen **PP08**.

The following is an illustration for the **PP08** screen:



```
USSDS: PP08                PENDING PAYMENTS CHANGE            01/17/01 1358004
                ENTER NEXT PROVIDER AND-OR CLIENT FOR PAYMENTS
     PROVIDER ID:               CLIENT NAME:
     DISTRICT:                  SITE CODE:       (DSPD ONLY - OPTIONAL)
       OFFICE:   (OPTIONAL)
     GO TO NEXT      SCREEN   CLIENT            REFERRAL

                  1 DHS-1     204.113.10.13              TATG90
```

**PROVIDER ID** - In order to make a correction, enter the PROVIDER ID for the payment you wish to correct.

**CLIENT NAME** - Type the LAST NAME of the client for whom you wish to make a correction for payment request. It is not necessary to complete this field. If you type nothing in this field, a series of screens of authorized payments will appear, one after the other, arranged alphabetically. You may continue to press ENTER to move through these screens until you reach the one you wish to correct, or at any time type the client's last name and press ENTER.

**DISTRICT** - Type the 3-character code for your Regional Office in this space. The above three data elements are used to enter the actual correction screen, **PP08**. With this screen you can make corrections in all fields you used to authorize the payment, except the **OVERRIDE** field. In other words, if an **OVERRIDE** is used, you may not change the override code. The fields available for use are:

**UNITS** - You may change the number of units you are requesting, but not to a number greater than normally allowed during authorization. For instance, if the client has been set up for 23 Daily units per month, and the authorization is only 20, using screen **PP02**, you may go to screen **PP08** and change that number to 18 if you wish. Note that changes may not be made after the checks have been run, starting Wednesday evenings at 5:00 pm.

**START-DATE** - You may change the **START-DATE** to a date, which would normally be allowed by the computer system. Any date used which is beyond the limits of the contract, or the authorization of the client for that service, will be prevented, edited out.

**END-DATE** - You may change the **END-DATE** for a requested payment, just as you may change the **START-DATE**.

**PAY AMOUNT** - You may change the **PAY AMOUNT** on this screen. However, as in the above fields, you may not make a change which would be prohibited in Screen **PP02**.

In addition to making corrections in the above fields, you may delete the entire payment request. This is done by selecting your "tab key" to the **DELETE PAYMENT** field, and typing a **"D"**. Then press **ENTER**. This will delete the payment request, and it will appear again on **PP02** as a payment which you may wish to make. This is a very common correction. After deleting the pending payment request, a worker normally enters the payment request again using Screen **PP02**, changing the point which was previously made in error. There may be times, of course, when you wish to delete a payment without replacing the payment. This, too, can be done.

E. **ONE 520A/520 USED MORE THAN ONE WEEK** - Should a 520A/520 arrive from a provider with, let us say, 6 requested payments, each for a different client, and only 5 of those clients are presently eligible for payments, enter the five payments on Screen **PP02** and mark them with a highlighting pen. Date these 5 payments also. Adjust the amount of money requested on this 520 so that the 6th, ineligible payment, is not included and mail the original copy to the Bureau of Finance with the other documents for the week. These five payments will be made to the provider.

The following week the 6th client is made eligible and should now be paid. You have one of the copies of the 520 billing. Make a duplicate of it, mark the one payment to be paid with a high lighter pen, mark a single line through the other five payments which have been paid, adjust the amount of money requested to reflect the 6th client, and enter this request into Screen **PP02**. Mail the highlighted copy to the Bureau of Finance along with the other documents, as you normally would for that specified payment week.

It is important that you mark the payroll date of the original five clients on the copy you submit at this point containing the 6th client to be paid. In that way, the Bureau of Finance can easily find the original and relate the later payment to it.

F. **Use of Screen PP03** - Screen **PP03** is used for the entry of authorized payments which are "COST OF SERVICE" payments (billing form 1032) or "ONE TIME" payments (billing form 295). These two billing forms (1032 or 295S) are the only two forms that may be entered in the PP03 screen. An image of this screen is given below. We will discuss each of the entry elements, which must be made below the screen.

**ENTER 'ONE' IF ONE TIME OR 'SVC' IF COST OF SERVICE**
To enter one time payments made to a provider on behalf of a specific client, or to enter cost of service payments made to a provider on behalf of clients, in general, without being specific. You must be sure of your choice in advance.

1. **ONE TIME PAYMENTS** - These can only be made from Form 295S. Type the word **ONE** in the field indicated. **CLIENT ID** - Client-ID must be included for "ONE TIME" payments in order to link the payment to the client. This also means that if several clients are to be paid to the same provider, entry of data in this screen will have to occur a number of times, once for each client.

DCFS-One Time Payments will need to be entered in SAFE

2. **COST OF SERVICE PAYMENTS** - These can only be made from Form 1032. Type the abbreviation **SVC** in the field indicated. **No CLIENT-ID** is required if "COST OF SERVICE" is being paid. **PROVIDER ID** - Type the 9- or 10-character code for Provider-ID in this field for all cases.

**SERVICE** - In all cases, the three-character code for Service must be typed in this field.

**KIND** - You must type the one-character code for Kind in this field.

**PAYMENT STARTDATE** - This is the date this service for which you are authorizing payment began.

**PAYMENT ENDDATE** - This is the date this service for which you are authorizing payment ended.

**BILLED UNITS** - This is the number of units of this service which you are authorizing.

**RATE** - This is the unit cost of this service. For instance, the unit (kind) is "hour", the RATE is $5.00/hour.

**PAYMENT AMOUNT** - This should be the product of BILLED UNITS X RATE. If 10 units were billed and the rate is $5.00, the PAYMENT AMOUNT is 10 X 5.00 = $50.00.

**CONTRACT NUMBER** - A 6-character contract number will be entered in this field. If the service code type found in the AD03 screen is listed as 'N' for no contract, a contract number is not required.

**BUDGET DIST-OFF** - This is the 3-character code for the budget district from which the funds to make this payment will be taken.

**ELIGIBILITY** - This is a two-character code which every client must have. It determines the budget account from which the funds for payment will be drawn.

**WORKER ID** - This is the 4-character code unique to the worker who is authorizing the payment.

**BUDGET SOURCE** - This is the one-character code indicating the Division, Bureau, etc., from which the funds will be taken to pay this bill. For instance, if a bill is for a service whose policy is set by the Division of Child and Family Services, the code will be "**F**"; by DSPD, "**M**"; etc.

Once all the fields have been completed, you must press **ENTER**.

**PP08 screen-**The pending payment is then created. You can make changes in the highlighted fields in Screen **PP08**, just as you could for pending payments registered in screen **PP02**.

If you **delete** a payment from the **PP08** screen that has a contract number tied to it, you **must** E-mail the USSDS Help Desk to 'unencumber' the amount that has been deleted. The E-mail must have the following elements:

**Provider ID#**
**Service Code**
**Contract #**
**Dollar Amount $$**

The documents used for entry into this screen should be arranged by order of Provider-ID with all other billing documents and sent to the Bureau of Finance after balancing has been done (see below) and before the check run, beginning about **5:00 P.M.**, every Wednesday night.

There are times when you might need to enter a One Time payment on Screen **PP03** from a Form 520, rather than use Screen **PP02**. This will be particularly useful for payments to be made to closed cases when USSDS, as designed, will not allow a regular entry on **PP02**. Consultation with the USSDS Help Desk in the Bureau of Finance will be needed prior to one of these entries.

**Note: Now that the 520A billing forms run around the 20th of each month, Providers CANNOT send in the original document requesting payment for the 1st - 15th of each month and then use a Handwritten 520 form requesting payment for the 16th to the end of that month.**

**SUBMISSION OF BILLING FORMS** - After entry of all items from the billing form(s), the terminal operator must initial and date the billing form (making sure that the Provider and Caseworker has signed it). **Checks and Balances**: checking is done by the terminal operator; balancing is done someone other than the terminal operator. The original (white copy) is sent to the Bureau of Finance (State Office) on a weekly basis. A reproduction of the 520A/520 may be submitted, but it must have an original signature on it.

## BALANCING THE PAYROLL
## REGIONAL OFFICE ACTIVITY

After all authorizations for payment have been entered into the USSDS, and before the weekly check run on Wednesday evenings, each Regional Office is responsible for balancing its own payroll. This means, that the entries made into the system on Screens **PP02** and **PP03** are identical to the documents (Forms 520A, 520, 1032 and 295S) which are being sent to the Bureau of Finance.

### A. ACCOMPLISHING BALANCING

1. Print off district payroll summary screens from **PPP4, PPE4 & PP04.**

   **PP04- all region pmts including e520 internet billings**
   **PPP4- only payments entered from a paper billing form**
   **(295S, 520 or 1032 billing form)**
   **PPE4- only e520 internet billings**

   **Checks** and **Balances**: The person doing the balancing in each district office may not be the same person who has entered the pending payments on screens **PP02** and **PP03**. ‘The balancer”, a second person, must be responsible for this activity, unless otherwise approved by the USSDS Help Desk.
   Screen **PP05** is an excellent tool, which will show the Payroll Balance Detail by Provider-ID (It will list all payments entered for that one specific provider).

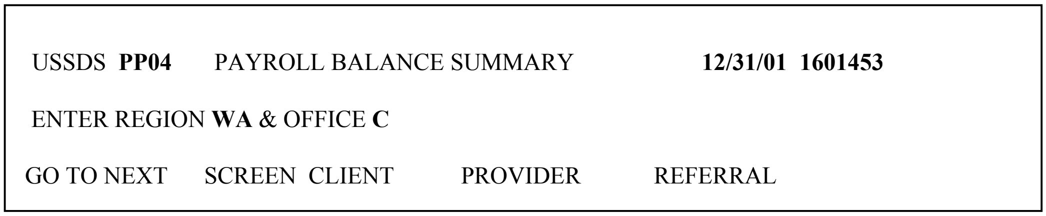
2. Begin by arranging all documents (Forms 520A, 520, 1032 and 295S) entered during this week in numerical order by Provider-ID.

3. If there is a provider which has more than one sheet of documents; e.g., 3 pages of 520A/520's, then a grand total of money from all three pages should be calculated on a calculator. The summary print out (calculator tape) should be stapled to the district’s copy, of the 520A/520's in the upper left-hand corner, of the forms. It is required that these calculator tapes be kept with the districts’ copy of that week’s provider payroll.

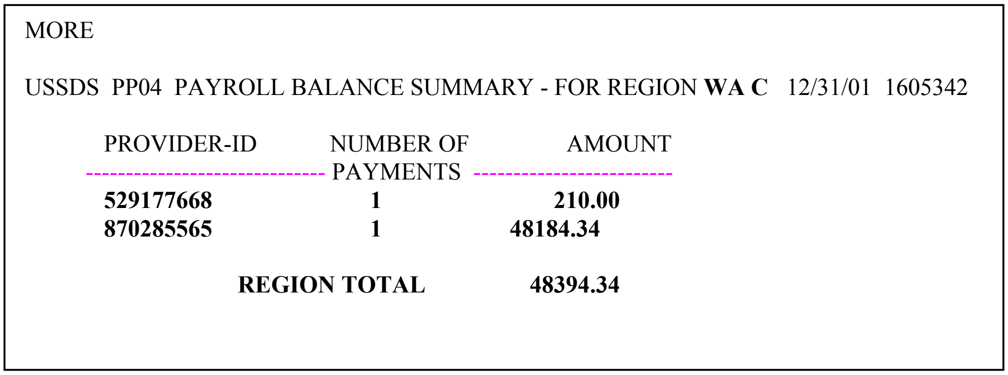
3. Print **two PPP4, PPE4 & PP04** balance screens. A calculator tape summing all the billing forms totals for the specific week, will need to be stapled to the districts' copy of the **PPP4/PP04** and <u>retained in the district Office</u>, as a separate file, for three fiscal years.

The second **PPP4/PP04/PPE4** screen should be balanced against all documents that were entered that week by someone other than the terminal operator. Appearing below is an example of the **PP04** screen:

B. <u>**USE OF PP04**</u> - For all district offices which perform their own checks and balancing independent of your parent office (and this is most of them), you must enter the two-character code for **REGION** and the one-character code for **OFFICE** on the entry **PP04/PPP4/PPE4** screen. In other words, Provo DCFS would type "**WP**" in the REGION field and "**C**" in the Office field and press **ENTER** and the actual Payroll Balance Summary screen will appear. When printing **PP04/PPP4/PPE4** always use your three-character code. If you enter in the two-letter district code, instead of the three-district code, you may come up with one or more districts listed on the summary page.



```
 USSDS  PP04     PAYROLL BALANCE SUMMARY              12/31/01  1601453

 ENTER REGION WA & OFFICE C

GO TO NEXT     SCREEN  CLIENT        PROVIDER         REFERRAL
```



```
MORE

USSDS  PP04  PAYROLL BALANCE SUMMARY - FOR REGION WA C   12/31/01  1605342

      PROVIDER-ID          NUMBER OF            AMOUNT
    ------------------------------ PAYMENTS -------------------------
      529177668                1                 210.00
      870285565                1              48184.34

                    REGION TOTAL             48394.34
```

**After this data is entered and ENTER is pressed, the "PAYROLL BALANCE SUMMARY - FOR REGION "WAC" will appear. It contains the following fields:**

<u>**PROVIDER-ID**</u> - This column will list all of the providers pending payments. Each Provider-ID will receive a check. For instance, if Provider-ID "123456789A" has payment requests entered, a check will be printed for it. However, if Provider-ID "123456789B" has payment requests entered, they will receive a separate check. Both Provider-ID's represent the same corporate; private or non-profit entity, but at least two contracts or letters of agreement have been written between the provider and the Department, resulting with two separate Alpha's at the end of the Provider-ID number.

The Provider-ID's are arranged on this screen in ascending order, with the lowest number at the top.

<u>**NUMBER OF PAYMENTS**</u> - This gives the number of payments individually authorized for this Provider-ID.

**AMOUNT** - For each Provider-ID there should be an "AMOUNT". This is the amount of the check which will be printed.

**REGION TOTAL** - For the Region code, a Total Amount will be printed at the bottom of screen PP04 /PPP4 for payments entered. This total should equal the total of the amounts from all documents--Forms 520A, 520, 1032 and 295S--which were entered into the system.

The actual balancing process will be somewhat different in each district office. However, it requires a terminal operator or their backup to enter the requests for payment on screen **PP02** or **PP03**. When this is completed for the week (remembering that printing of checks will occur from the Pending Payments file--screen **PP08**), a person different from the terminal operator will balance. Once the **PP04/PPP4** (balance summary sheet) is printed the **PP04/PP P4** (balance summary sheet) is now reconciled to the total obtained by adding all of the document and forms. The "balancer" should initial or sign the total on the print of **PP04/PPP4**. Once these two numbers are equal, the group of documents is placed in an envelope with the print out of **PPP4** on top followed by the PP04 and PPE4 and mailed to the Bureau of Finance.

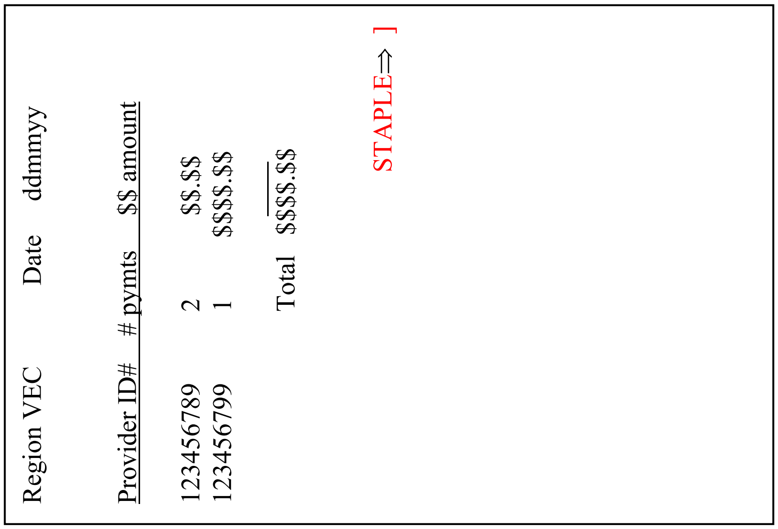
**NOTE: Do not include any paper clips. Use staples, instead.**

In very small offices, where there are few personnel, it is possible that the entry and balancing may be done by the same person. However, that is allowed only after written request and upon receipt of written permission from the Director of the Bureau of Finance.

**MAILING AND INPUT**: In most offices, a terminal operator will enter the data from the billing forms into USSDS. This is usually done on screen **PP02/PP03** (see section on PP02/PP03). The USSDS checks are printed each week on Wednesdays, beginning at 5:00 p.m. The terminal operator must have ALL payments Entered and their Summary Balancing completed by 5:00 P.M. The Billing forms should reach the terminal operator no later than Tuesday allowing enough time to complete entries by NOON each Wednesday. Balancing and adjustments should be completed by 3:00 p.m. each Wednesday. Entering payments outside the specified time frame can be made with prior approval from the USSDS Help Desk. **After the terminal operator enters each billing, the terminal operator must initial and date each billing form**. **These deadlines must be complied at each district office Level and should be communicated to all providers**.

After the Billings have been entered and **"BALANCED"** the original forms (white copy only) and **PPP4/PP04/PPE4** are sent to the USSDS Help Desk. They must be arranged in order of **PROVIDER-ID** with the PPP4/PP04 placed on top of the billing forms.

- **STAPLE TOGETHER IN MIDDLE OF LANSDCAPED PP04 PRINTOUT; SEE EXAMPLE**



Region VEC Date ddmmyy

| Provider ID# | # pymts | $$ amount |
|---|---|---|
| 123456789 | 2 | $$.$$ |
| 123456799 | 1 | $$$$.$$ |
| Total | | $$$$.$$ |

STAPLE⟹ ]

Should a billing form arrive from a provider with multiple clients but not all clients are to be paid, the terminal operator needs to make a copy and on the original, **mark out with a bold, single line any data, which is not to be paid**. When the remaining data is to be paid, a copy of the original billing should be submitted identifying those clients who are being paid. All highlighted billing **copies need to indicate when the original was submitted/paid**. Both situations, the "Billed Amount" and totals will need to be adjusted to balance total before being forwarded to the Bureau of Finance/USSDS Help Desk.

## A. SUBMISSION OF BILLING DOCUMENTS

**TIMING** - All the original (white) billing documents (except where copies are noted above), are arranged in numeric order of Provider-Id. The terminal operator initials and dates each billing form after entry in USSDS. BALANCING—the PP04 /PPP4/PPE4 is printed off and is balanced by someone other than the terminal operator (unless otherwise approved). The PPP4/ PP04/PPE4 is signed and dated by the individual who does the 'balancing'. The **PP04** is placed on top of the billing forms. These are then submitted to the Bureau of Finance.

**Please note:**
The provider payroll documents must be received before the following Wednesday. If a District has not mailed payroll in a timely manner to the USSDS Help Desk, (payrolls will not over lap from one week to another), that District's payroll checks for the next payroll run will not be mailed until the missing payroll is received at the State Office. It should be noted that the payroll week starts Thursday and ends the following Wednesday. It is the responsibility of each district to assure that the payroll is received NO LATER, than the following Wednesday- the end of that weeks payroll.

The normal "check-run" (when checks for providers are printed) is Wednesday night at 5:00 P.M. NO ENTRY FOR PAYMENTS MAY BE ENTERED AFTER 5:00 P.M. ON ANY WEDNESDAY EVENING.

The checks are printed OFF-SITE and delivered to the State Mailroom Thursday morning. We strongly request that documents be to the Bureau of Finance office no later than Friday morning. Once received by the USSDS Help Desk the region's payroll is reconciled.

**IT IS VERY IMPORTANCE THAT YOU DO NOT INCLUDE ANY DOCUMENTATION OTHER THAN BILLING DOCUMENTS AND BALANCE SHEETS IN THE PACKET SENT FROM YOUR OFFICE**. If you were to enclose a request for payment history change mixed in the same envelope as the billing documents, there is a high probability that it will be lost. Send such documents under a separate cover.

**Checks & Balancing**
Checking and Balancing payroll is a separation of duties. The Terminal operator enters the billings in USSDS, initials & dates each form. The "Balancer" checks the **PPP4/PP04/PPE4** against the billings forms, signs and dates the **PPP4/PP04**- signing off that everything checks out and balances to what the **PPP4/PP04** states. It is perfectly acceptable for the payment entry technician to double check what they have entered in USSDS and initial the **PPP4/PP04** before having the "Balancing" done.

## ERRORS IN DOCUMENTS
## PROVIDER PAYMENTS IN USSDS

A number of different kinds of errors can occur in making payments. Some of these will be discussed below.

The most common problem is the receipt of billing documents from the Regional Offices to the State Offices.

The State Office deadline for receipt of documents is the Wednesday following the payroll run. However, they should not overlap from week to week with the printing of the checks. If there is a long delay (more than a couple of days) between the time the provider submits the documents, and the time the provider is paid, the Regional Office is likely to begin receiving phone calls from the providers.

a. **NO ORIGINAL SIGNATURES** - The State Office must have on file a billing document containing the original signature of the provider submitting the bill for every payment.

    1. It is the responsibility of the Regional Office to obtain the signature of the provider before payment can be made.

    The payment forms cannot be processed without the original signature of the providers.

    **FAXED SIGNATURES ARE NOT ORIGINAL SIGNATURES AND WILL NOT BE ACCEPTED ON BILLING FORMS.**

b. **PROVIDER'S INABILITY TO SIGN** - There are a number of cases in which the provider is unable to sign the billing document. These seem to be restricted to clients served by the Division of Services to Disabled Persons. If the client is also the provider (as in some cases of "self-support"), and the client cannot sign his/her name, rubber stamps have been made for the client and are pressed onto the billing form.

**IN THESE CASES, THE CASE WORKER MUST INITIAL THE STAMPED SIGNATURE OR SIGN**. The letter "X" and/or a fingerprint are also acceptable as provider signature.

c. **PROFESSIONAL PROVIDER'S STAMPED SIGNATURE** - In some cases, especially where providers are psychologists and psychiatrists, the provider has opted to use a rubber stamp of his/her signature to replace an original signature. This is quite legal, if and only if **THE REGIONAL OFFICE RETAINS A "SIGNATURE CARD" SHOWING THE ORIGINAL SIGNATURE OF THE PROVIDER AS WELL AS THE STAMPED SIGNATURE**. This card must be dated and must be renewed each year, beginning when the contract or letter of agreement with the provider begins. Failure to retain such a signature card may result in an audit finding with the State Auditors.

    Each time a billing form is sent to the Bureau of Finance when a Provider "stamp" is used, the worker must initial the stamp.

d. **PROVIDERS ELECTRONIC SIGNATURE-**In some cases the provider has opted to submit an electronic billing form, called an E520 in place of the preprinted billings forms. The provider's Electronic Signature is acceptable, if and only if

    **THE REGIONAL OFFICE RETAINS A "SIGNATURE CARD" SHOWING THE ORIGINAL SIGNATURE OF THE PROVIDER AS WELL AS THE ELECTRONIC SIGNATURE**. This card must be dated and must be renewed each year, beginning when the contract or letter of agreement with the provider begins. Failure to retain such a signature card may result in an audit finding with the State Auditors.

e. **UNBALANCED CHECK REGISTER OR EXCEPTION REPORT** - There are times when the **PP04** summary balance does not balance with the Balance Report at the State Office. The following steps are taken in the State Office to accomplish balancing at the State level.

1. The "EXCEPTION PAY AMOUNT TOTAL" is subtracted from the total issuance from that office's copy of their **PPP4/PP04**. This is the "adjusted total" issuance.

2. The State Office will check to see that the "summary balance" on the **PPP4/PP04**, matches with the total for the Regional Office on the USSDS Balance Report. If the totals do not balance, an e-mail or telephone call will be sent stating a discrepancy between the Balance Report and the **PPP4/PP04**. Reconciliation of the stated discrepancy should be corrected within 24 hours. An E-mail and/or "Correction of Payment Exception Form", should be submitted to The USSDS Help Desk in the following pay period. **It should be noted that data on screen PPP4/PP04/PPE4 is no longer available with the printing of the checks after Wednesday.**

The following elements are found on the **PP10** screen:

**PROVIDER-ID** - the identification number of the provider whose payment request has caused an exception.

**CLIENT-ID** - the identification number of the client whose payment request exceptioned.

**SERVICE** - the three-letter code for the service, which has exceptioned.

**PAY-AMOUNT** - the amount of the check which was requested but was not printed because of the exception.

**ERROR** - the check /warrant number which is in error as indicated by the exception.

Since one check will be sent to one provider for each Provider-Id, the check number may be identical for a number of exceptions.

**EXCEPTION/EXPLANATION** - There are a number of reasons why the printing of the check caused the creation of an exception. A short message will appear in this column to explain the problem.

It is also the responsibility of the Regional Office to address each of the exceptions appearing on screen **PP10**. Before the next week's payroll, each of the excepted items must either be deleted or the entry must be modified so that the authorization will be accepted in the next week's run.

. **EXCEPTION REPORT** - An Exception Report (Report RPP1) is sent to each of the Regional Offices. This is derived from the check run, identifying the error, and why the check could not be issued.

**There are different exception 'errors' that will appear on screen PP10. Listed below are the most common exceptions with an explanation of each one.**

**PAYMENT ALREADY ON PAYMENT HISTORY** - The provider has already been paid for that that service code for that time period (a warrant number is referenced under the "error" column-Payment for this service and kind for this time period and for these number of units has already occurred, and cannot occur again. Check Payment History and look to see if the dates are over lapping with the exceptioned payment for the same service code.

The tech/worker needs to decide if the payment is a duplicate, or if it is a new payment or the dates/month need to be changed.

**NO COMPANION SERVICE FOR PAYMENT** - The provider is not open for a companion service code or the client is not open to that provider for a service code that has companion services tied to it. **Refer to your list of companion services sheet.** Both the client and provider information should be researched. Go into the **PR11** and see if the provider is open for the service. If not, the provider needs to be opened for that service. A number of service codes require a "companion service" before the system will allow payment of them.

**LAST FISCAL YEAR PAYMENT** - USSDS will not accept last Fiscal Year's request for payment. You must contact the Bureau of Finance in order to make this payment.

**INCOMPLETE ACCOUNTING DATA** - This is an error on the part of another agency supplying needed information to the Bureau of Finance. The problem is fixed by the Bureau if the relevant agency responds.

**BUDGET AMOUNT EXCEEDED** - For each Purchase Service code, the Bureau of Finance must allocate a yearly budget. The various Finance Officers for the relevant agencies (e.g., Divisions, Offices, etc.) tell the Bureau of Finance how much to allocate. Frequently toward the end of the fiscal year, this amount can be over-spent. The USSDS will not print checks when the funds are depleted. The Bureau of Finance is responsible for allocating additional funds if needed PRIOR to the next payroll run.

**ICP or XCP PAYMENT GREATER THAN ALLOWED-**DHS only allows XCP and ICP to equal $163.00. They cannot pay for XCP for $36.00 and then pay $163.00 for ICP. If they paid XCP then they would have to subtract that amount (which cannot be greater than $36.00) from the $163.00 for ICP. There is no way to over ride the system.

**MEDICAID BILLING GRID SERVICE CONFLICTS** DCFS & DYC TECHS: When you receive exception errors concerning service conflicts refer to your Medicaid billing grid. Questions, concerning errors, contact the USSDS Help Desk.

**For each exception which appears, you must complete a "Correction of Payment Exception" sheet (previously known as the "Yellow Sheet").** All exceptions should be corrected from the screen **PP10** before next week's payroll run. If you have simply deleted the exception, mark the "Yellow Sheet" as "delete" and list reason. If you have made a correction, the check should be printed the coming week, the “Yellow Sheet" should indicate what was corrected. If the exception involves a deletion of payment, the Exception form should be filed directly behind the **PP04**. However, if the exception involves incorrect data, in most cases, deletion of payment is necessary (**PP08**). Data must be resubmitted into screen **PP02** or **PP03** and the Exception sheet is then filed in Provider number order.

## USSDS PAYMENTS MANUAL
## RETURNED AND LOST CHECKS

There are several categories of lost and returned checks to be discussed in this section. They include:

Post Office returns mailed check for insufficient or incorrect address of payee to the Regional office.

Provider returns check because it has not been redeemed within the allotted time (60 days) as written on check. This is a "Stale-dated" check.
Provider returns a partial payment, stating that the portion returned was not used because client(s) was not in program receiving treatment during period for which payment was made.

**Lost Checks**
Provider states that check has never been received and wishes a replacement-Lost Check Affidavit. Check is cancelled after 10 Business days.

Provider states that check has never been received and wishes a replacement. State Office shows check has been redeemed. The State office will request copy of cleared check and e-mail copy to region, where at that time the Region will need to compare Provider signature to what is on file. If it is not the Provider's signature, follow the process for a Forged Check.

Each one of these situations requires specific treatment of the check, replacement, etc. The following are discussions of each of these in turn.

**A.** **POST OFFICE RETURNS CHECK** - In our present system, the checks will be printed by laser printer, Check Numbers will be assigned during the printing process and recorded in USSDS and envelopes will be used which contain two windows. The larger, lower window will expose the Provider's mailing address. The upper, left window will show the Regional Office and its address from which the check request originated. Thus, if the Post Office must return a check, it will be sent directly to the Regional Office, rather than going through the State Office first. **Each Regional Office must have a system established to receive the returned checks and take care of them immediately. Ensuring proper accounting and internal control of returned checks. This will require:**

A procedure for "receiving" and "logging" mail-returned provider checks. Each one that is returned must be logged in and the appropriate worker should be notified.

The mailing **address**, **city**, **zipcode** and **state** listed in USSDS for the provider, must be verified with the provider. If USSDS contains the wrong address, city, zipcode or state then it must be corrected A.S.A.P. through their appropriate Region/Finance Office.

The check may then be placed in an envelope, which is correctly addressed and mailed OR the provider may come to the office and pick up the check. If the provider comes into the office for the check, the Regional Office must see a "picture" ID of the person receiving the check, plus some sort of evidence that this person is a representative of the provider to whom the check is addressed.

The log used in each Regional Office must serve as a place for the recipient to sign when receiving the check. This log should be retained in the office for a minimum of three years.

B. **STALE-DATED CHECKS RETURNED** - On occasion, a Provider will not redeem a payment check within the **60 allotted days**. When the provider then attempts redemption, the bank will deny it, stating that the check is "**Stale-Dated**". Usually the provider will then contact the Regional Office responsible for that payment and request a replacement. The following steps should be taken to create that replacement.

The Regional Office worker should print Screen **PP23**, highlight the payment being replaced and send it and the stale-dated check to The USSDS Help Desk in Bureau of Finance.

The State Office will "Cancel" the original payment in the USSDS upon notification. The Regional Office worker shall request a regular issuance of this check (**PP02** or **PP03**) with **a duplicated copy of the original 520 marked with the date of the original issuance** unless the payment is for last fiscal year. **If the replacement is for last fiscal year, then complete a request for replacement form (FORM 1051) and send it to The USSDS Help Desk, along with a highlighted print-out of PP23 and a duplicated copy of the original 520 marked with the date of the original issuance.**

Replacement checks for ‘Old Fiscal Year’ resulting from a 1051 form, must be entered in by The USSDS Help Desk into USSDS, with the new check number. **NOTE: The full process may take up to 7 or more days.**

## C. REFUND OF PAYMENTS-

FULL OR PARTIAL PAYMENT RETURNED BY PROVIDER - On occasion, a provider will receive a payment for a client who has not been given services. The provider has two choices to rectify the situation:
If the entire check was issued for payment of invalid bills, the original-DHS check may be returned to void.

When this is done, the Regional Office worker should stamp the check "VOID" and return the check to the USSDS Help Desk with a Screen print of **PP23** or **PP07**.

If the provider wishes to repay only a portion of an original issue, they may write a personal check/company check to the regional office from which it was processed (the Regional office is located in the upper left hand corner of DHS issued check):

example: "Utah State Dept. of Human Services/ DSPD"

This reimbursement check should be sent to the Regional Office worker with an explanation of what is being repaid, including which client(s) were ineligible for payment and for what period of time.

The Regional Office worker will need to do the following on reimbursements: If a reimbursement check (usually a personal/company check) is received for over payment (Full or Partial refund) of services from a Provider, the following is the process:

The payment technician will need to code the check with the proper FINET accounting information- (if you do not know how to code the check ask your Budget & Accounting officer).

Make a copy of the check. Print off screen **PP07** or **PP23**, mark it appropriately (highlight or circle paid date) will provide the needed information and is required with this submission.

Send the copy of the check to the USSDS Help Desk to make adjustment in USSDS.
**DO NOT SEND THE ACTUAL CHECK FOR DEPOSIT TO THE USSDS HELP DESK**
Deposit check in your Regions Depository account.

The USSDS Help Desk will "Cancel" or adjust the payment(s) in USSDS Payment History.

**D.** **LOST CHECK** - In some cases, the provider calls the Regional Office explaining that they have never received a payment check. It is possible that it has been lost in the mail, or that it simply has not had enough time to reach the provider. The Regional Office should follow the procedures listed below:

E-mail the USSDS Help Desk to see if the check has been redeemed. If it has not then check with the Regional Business Office to see if the check has been returned by the Postal Service. If it has not been returned, it may be assumed that the check has been lost in the mail if more than five (5) working days have passed since its mailing.

The USSDS Help Desk and the Regional Office shall determine if the five days have elapsed.

If 10 working days have elapsed since mailing, the Regional Office worker should have the Provider complete a "Lost Check Affidavit and Agreement", Form 510. The Provider shall have it notarized and return it to the Regional Office so the technician can forward to the State Office. A screen print of PP23 or PP07 must be included.

The State Office will do the following:

**Check Not Redeemed** - If the check has not been redeemed, a "Stop Payment" is placed on it after 10 business days have passed, preventing its redemption at any time in the future.

**Check Has Been Redeemed** - If it has been redeemed the USSDS Help Desk will request a 'copy of the cleared check" through the proper channels. This process usually takes 2-5 days and the copy will be sent to the requestor by E-mail to compare with signature on file for that provider. There are times when a provider has forgotten they have deposited the check and it might be an oversight on the provider’s side.

When the State Office determines that a valid "Stop Payment" has been placed on the banks side the USSDS Help Desk will cancel the check. Verification of a canceled check may be determined when a "**C**" appears on the Payment History screen. If applicable, the Regional Office worker will re-submit a copy of the billing form to re-issue payment. The check will be mailed on the following payroll run, usually the following Thursday.

When the Regional Office re-authorizes the payment the payment tech should include a **copy** of the original billing form, noting the date of the original billing form was paid. Write on billing form that this is to **Replace a Lost Check**.

Form 1051 (**Hand-written Check Replacement Form**) should be completed and sent to the State Office when the replacement is for the previous fiscal year, or if payment cannot be entered into the PP02/PP03 screen.

**FORGED CHECK** - It is possible that when the provider states that he/she has not received payment as expected after being reported to the State Office that the check has been redeemed. That could mean that the check was redeemed by someone other than the payee, or that the payee has redeemed the check and does not remember it or is overtly attempting fraud.

When the State Office has determined that the check has been redeemed, the following steps must be taken:

The State Office will request a copy of the redeemed check. This will be forwarded to the Regional Office.

The Regional Office must compare the provider signature to what is on file and also request that the provider come into the Regional Office and examine the redeemed check, especially the endorsement signature.

Frequently, at this point, the provider will realize that he/she did redeem the check in question and had only forgotten that they had done so. On occasion the provider will insist that the endorsement signature is not theirs.

If the endorsement is not the providers, the provider can receive a copy of the cleared check and will need to follow up with their Financial Institution or the Financial Institution that redeemed the check, to determination whether or not proper identification was taken. If proper identification was not taken, the Financial Institution will need to reimburse the provider. The provider will need to follow through with the Financial Institution in question, Forged Check' process. It is required that the provider, request from the Financial Institution something in writing on Bank/CU letterhead, explaining what 'they', the Financial Institution, have done to resolve the problem. The regional office will need to keep this as backup documentation in the provider file.

Should any unusual situation arise involving a "returned" or "lost" payment checks to a provider, the Regional Office should contact The USSDS Help Desk.

## PROCEDURES IN USSDS
## FOR
## OVER THE COUNTER CHECKS

Clients occasionally face situations requiring immediate payment of funds in order to avoid major emergency problems. Answering this need, the USSDS has developed a method for writing checks and giving them to the client or provider (for a client) in the Regional Office. A form has been created requesting these payments, and screens have been inserted into this database which will allow the posting of payment history to both the client and the provider. Policy involving the issuance of over-the-counter checks will be distributed by each Division involved in this process: ***Aging and Adult Services, Child and Family Services and Services to People with Disabilities***.

**Required form:**
**Form 296:** This is the Over the Counter Check Issuance Request form. One form must be filled out for a client, though several clients can be paid on one check. The following items must be obtained and written onto this form:

Check Number: The checks for over-the-counter issuance are pre-numbered and kept in stock in the Regional Office safe. Each check number must be accounted for. Use them in numerical order

Client ID: The Client ID must be entered for the client receiving the check or the beneficiary of the check if it is issued to a provider.

Client Name: Write the client name in this field.

Provider ID: This 9-10 character number is necessary only if the check is to be made out to a provider instead of the client.

Provider Name: This field must be completed if the check is to be made out to a provider.

Service Code: Only certain codes qualify for use in over the counter check issuance (SNF for DSPD, Special Needs codes and HBN for DCFS, and PIA for Aging and Adult Services). If a different code is used, it will be rejected by the computer.

Kind: Only certain kinds qualify, depending upon the Service Code, for use in the OTC Check system. If a different code is used, it will be rejected by the computer.

Start Date: This date is the start date of the service you are paying for. It is entered into the computer as "DDMMMYY" where DD is numeric, MMM is letters, and YY is numeric.

End Date: This date is the end date of the service you are paying for.

Date Paid: This should be the date the check was actually issued to the client or the provider.

Amount Paid: Enter in the amount for the client which will be included on this check.

Eligibility: Enter in allowable eligibility for this code.

Regional Office: Enter the region/office code.

Units:. Enter how many units are to be paid.

Rate: Enter the cost for one (1) unit of service.

Budget District: Enter in the budget district. (DSPD-M, DCFS-F, DAAS-A)

Social Security Number: This must be entered if the check is to be written directly to the client, and not through a provider.

Authorizing Worker Signature: The caseworker must sign and date the request. Only then can a terminal operator enter the data into USSDS.

Provider/Client Signature: If the check is being issued to the client directly, the client must sign and date this field (Provider/Client Signature). If the check is to be made out to a provider, the provider must sign this form.

Authorizing Signatures: Two persons, **independent** of the case worker requesting the check and independent of the Business Office worker typing the check, must sign and date the check for this issuance.

Terminal Operator Initials and Date: These two areas on the form must be completed by the terminal operator at the time the request is entered into the computer.

**Entry into USSDS**:

Screen PP14: This screen is used for entry of data from 296 form for issuance of checks over the counter. The completed form is be given to the terminal operator for entry into USSDS. The business office will type the check. The pre-numbered check is taken from the safe, the number written on the form, and the check typed. Immediately, the terminal operator will enter the data from the form into the computer on this screen. Under no conditions should the entry into the computer be delayed.

**Descriptor Screen**: This is the first **PP14** screen that is encountered. The **Client-ID** and the **Check Number** should be typed into the screen, the **Provider-ID** is entered in this **screen** if, and only if, the check is to be made out to the provider, and not the client. Press **Enter**. If the client has not been registered in USSDS, an error message will appear (follow steps for registering client). If the **Check Number** has already been typed into the system at a previous time, an error message will appear explaining the problem. Finally, if you are entering a **Provider-ID** and it is not known by USSDS, another error message will appear (follow steps to open provider).

**Data Screen**: The Client Name, Client-ID, Provider-ID, and Provider Name (if the Provider-ID was added on the previous screen) will appear on this screen as will the **Check Number**. If the check is to be made out to the client and there is no Provider-ID, the message "**Check Made out To Client**" will appear in the space of the Provider Name.

Service: Only specific service codes are available for use in payments over the counter. If a different Service Code is used an error message will appear. If you have your Regional Director's approval for this code, even if it is not allowed by the system, see the steps below concerning **Overrides**. The Service codes are the following: **Special Needs** and **HBN** for DCFS, **PIA** for DAAS and **SNF** for DSPD.

Kind: The kind must be pre-approved to match the Service Code. If a match is not found, an error message will appear explaining this. To verify kind allowed view the AD03 screen.

Start Date: This should be the Start-Date for this service. Frequently, if amount permits, the Start and End Date are the same. Only one (1) unit is billed, although this is not the rule.

End Date: This should be the End-Date for this service.

Date Paid: This should be the date the check is typed in the Business Office and given to the client/provider.
**Any delay in entering the data into the computer can result in a bounced check.**

Amount Paid: This is the amount for which this check is written. Any amount up to and including **$500.00** may be entered. Follow override conditions for anything over $500.00.

Units: The number of Units should be typed in this field. For these checks, the number will frequently be one (1), although a larger number may be used.

Rate: The Rate as entered into the system for these codes is the allowable rate per the AD03.

Eligibility: The allowable eligibility code for the client. The system will check to see that the eligibility is one that is allowed for this service. If the eligibility is not allowed an error message will appear at the upper left corner of the screen and the entry will not be accepted by the system.

Regional Office: The appropriate three-character code should be typed in this field.
An example would be DCFS, Provo office=WPC

Worker-ID: The appropriate four-character code should be typed in this field.

Press **ENTER** when the entire screen has been completed. The payment is now recorded in history and may be viewed in the **CLIENT PAYMENT HISTORY** screens, **PP07** and **PP77**, using the **CLIENT-ID**.**PROVIDER PAYMENT HISTORY** screens under the provider id number can be viewed: **PP21, PP22, PP23, and PP24.**

Each check issued over the counter will be entered into USSDS prior to handing the check to the client/provider. If the computer system is non-functional during the immediate check process, the worker must enter the data as soon as the system becomes functional. Delaying entry of the Over-the Counter check will result in balance problems in the Bureau of Finance at the State Office.

All funds drawn on over-the-counter checks will be from one account. Balancing is done by the Bureau of Finance. If checks are not entered into USSDS, it is possible that the account will be overdrawn leading to bounced checks that can result in further hardships for the client/provider.

Security of Checks
The pre-numbered check stock must be kept in a vault or safe until needed.
All damaged or voided over-the-counter checks need to be sent to the Bureau of Finance.

Over-The-Counter Check Log-1
You will need to have a log for over the counter checks. At the close of business on Wednesday evenings, the Business Office should determine the number of the last check issued and place that on the log. The number of the first check issued the previous Thursday should also appear on the log. **This log must be retained in the Regional Office.**

Over-The-Counter Check Log-2
This log of checks issued for that payroll period should be put on top of your provider payroll after the PP04 balance summary screen. Once received at the State Office, verification that the checks listed on that log have been entered in USSDS is done.

**Form 296 Retention**: All copies of Form 296 are to be retained in the Regional Office. One copy in the client or provider file and one copy in the Business Office. These forms should be retained by the Regional Office for a minimum of three fiscal years in order to comply with federal audit requirements.

**Override Conditions with Prior Approval from USSDS Help Desk:**
There are rare times when an administrator feels it is appropriate to issue an over-the-counter check for an amount greater than $500.00 and/or for another service other than those that qualify for use in over-the-counter issuance. The worker will submit justification on Region Letterhead for the dollar amount needed. Once this is done obtain signature from the Regional Director in the space provided on Form 296 and send to:

Attn: USSDS Help Desk
Dept. of Human Services, Bureau of Finance
120 North 200 West
Salt Lake City, UT 84103

Included should be written justification for any amount greater than $500.00, and a signature of a Regional Director and Supervisor. The phone number of the worker making the request should be included. Bureau of Finance approval is required prior to issuing an override check.

The Bureau of Finance will retain original white copy of Form 296, for the required retention time.

Payment History
All payments entered into the USSDS will be recorded in the payment history of the screens PP07 or PP77. A viewer may be able to tell that a payment was made over the counter by the

check number, which begins with the number '7'. The payment recorded in history and may be viewed in the **CLIENT PAYMENT HISTORY** screens, **PP07** and **PP77**, using the **CLIENT-ID**. **PROVIDER PAYMENT HISTORY** screens under the provider id Number can be viewed: **PP21, PP22, PP23, and PP24.**

## REQUEST FOR HANDWRITEN CHECKS

Hand-written checks are checks issued from the State Office level to the providers for specific situations, i.e.: old year payments [stale & misc.] etc. (For information on emergency checks written to clients, see Issuing over-the-counter Checks). There are a number of situations when "Handwritten" checks may be requested by the Regional Office Worker. The provider may not request such a check--only the Regional Office Worker. Below are situations which allow a "hand-write" request. In all situations, the worker should use FORM 1051.

"Handwrites" are not really hand-written. They are simply issued by the Bureau of Finance. The actual issuance process in the Bureau of Finance requires around one to five days. However, certain regulations may require a longer waiting period (see below).

All "Handwrites" must be approved by the worker in the Regional Office, The USSDS Help Desk, and by the DHS/Finance Director.

If the "Handwrite" is meant to pay a bill from the previous fiscal year, funds must be taken from the present fiscal year, if the request is approved. Once fiscal year "books" have been closed, no more payments may be charged to that year.

**The following is a list of situations when a Form 1051 should be used:**

1. Accompanying all "stale-dated" checks returned to the State Office (previous fiscal year payment).

2. Accompanying all "partially destroyed" checks returned to the State Office (previous fiscal year payment).

3. Accompanying all Lost Check Affidavits sent to the State Office, if in fact, the provider should have received the original check (previous fiscal year payment).

4. Used as the original request for payment of a previous fiscal year's bill.

5. Used as the original request for payment of unusual billings which cannot be requested through the usual methods (PP02 and PP03) in USSDS, e.g., repayment of provider fee.

### COMPLETING FORM 1051:

**PART A**: All of this part of the form must be completed. It is important that the reason be given in complete narrative, especially for requests that are not simple replacements. This part will be examined closely by the Director of the Bureau of Finance.

Consumer information must be completed when the request is for replacements or billings which relate to previous "one time" payments or those which would normally have been paid from a Provider Billing form.

It is equally important that a TOTAL AMOUNT be written at the bottom of the "AMOUNT" section of this form.

**PART B**: This part will be completed by The USSDS Help Desk in the Bureau of Finance. After The USSDS Help Desk completes this section, the form is approved by the Director of

Finance. If the request is rejected, the relevant administrator will complete the lower portion of this request form.

## TIME REQUIRED TO PROCESS REQUEST FOR "HANDWRITE":

1. Stale-dated or Partially Destroyed Checks - These can usually be available within a few days after the State Office receives the request. They will be mailed directly to the provider.

2. Lost Check Replacements – A Check Loss Affidavit and Agreement form (CLAA) cannot be processed until the USSDS helpdesk receives the original, signed and notarized CLAA form. Requests from a copy or FAX cannot be honored.

3. Payment for Last Fiscal Year - These requests can frequently be honored within one to five days, depending on required documentation. Again, they will be mailed directly to the Provider.

## ADJUSTING PAYMENT HISTORY:

The State Office will place a "CANCEL" beside each payment that was stale-dated, partially destroyed, lost or forged. If these payments are replaced through "Handwrites" the Payment History must be adjusted. The State Office will enter the replacement or new issuance through "handwrites" into the Payment History, showing the date of the new issuance, and new Check Number, and any other appropriate data.

## USE OF PAYMENT HISTORIES

There are two kinds of Payment History in the USSDS. One is displayed by CLIENT-ID while the other is displayed by PROVIDER-ID. Each of these can be viewed in different ways.

**BY CLIENT-ID**: The worker may examine Payment History as displayed for any client using CLIENT-ID as a key to the history. Below is one of the two screens for entry into the Client Payment History:

This screen will display Payment History by CLIENT-ID by SERVICE-DATE. The alternatives are:
**DATE FORMAT** - Dates typed into Screen, PP07 (and PP77) are numeric-- "YYMMDD". In other words, if the date you wish to enter is May 1, 1998, you would type 980501.

**CURRENT FISCAL YEAR** - Type only the CLIENT-ID into the labeled field and press ENTER. The history displayed will be the current fiscal year. For instance, if it is May 1, 1998, the history will be for services provided since July 1, 1997 to present. However, if today is September 12, 1998, the history displayed will be for July and August 1998 services, only. The screen is likely to have very few items on it, since few, if any, services for August will have been paid by Sept. 1 of the same year.

**FOR SERVICES PROVIDED DURING SPECIFIC TIME** - Screen PP07 allows you to place "START-DATE" and "END-DATE" on the entry screen, after the CLIENT-ID. The history screen will then display those payments made in behalf of that client for services provided only during the time period specified.

If you use only the "START-DATE", the history screen will display payments made for services beginning at the START-DATE and continuing to the most recent time.

**FOR ENTIRE PAYMENT HISTORY** - The USSDS maintains history for previous years. If you wish to see all that is available in the system, type a date six years past in the "START-DATE" field and press ENTER. All past history will be displayed, beginning with the oldest service date.

**SCREEN PP77** - This screen will display a payment history for client by PAID- DATE (rather than Service Date). It functions in exactly the same manner as PP07 in Date Format, displaying Current Fiscal Year (see above).

**BY PROVIDER-ID**: The Payment History may be examined by Provider. In other words, you may see what a Provider has been paid, and for whom and when, as you can for the client. You may also select Provider payments by SERVICE CODE or by CONTRACT NUMBER (if there is a contract number), if you wish. There are four Provider Payment History screens.

**SCREEN PP21** - This screen will display a payment history for a client by SERVICE-DATE (not Paid-Date). You must always first type the PROVIDER-ID in the field indicated. Contract data may also be attained by inputting the contract number. The following conditions apply to this (and other) screens:

**DATE FORMAT** - Dates typed into Screens, PP21, PP22, PP23 and PP24 are numeric--"YYMMDD". In other words, if the date you wish to enter is May 1, 1998, you would type 980501.

**CURRENT FISCAL YEAR** - If today's date is May 1, 1998, and you enter no dates in the designated fields, the payment history for the provider will be displayed for PAID-DATES beginning July 1, 1997, through the current date. After you have completed typing, press ENTER and the history will be displayed.

**FOR SERVICES PAID DURING SPECIFIC TIMES** - If you know the date of payment for a provider, you may enter those parameters on to the PP23 screen. In other words, if you know, or suspect, that a check you are tracing was issued on March 23, 1997, you may enter "970323" in both fields and press enter. The history of payments made to that provider on that date will be displayed and will show which services were reimbursed and for which clients.

If you use only the START-DATE with no end date, see the above item regarding the PP07 screen.

**SCREEN PP22** - This screen functions identically to PP21 except that you may use the SERVICE-CODE if you wish. If you do type a Service Code into the field, the Provider History displayed will be limited to that one Service Code. The date parameters on this screen behave as they did for PP21, displaying "SERVICE DATE" history.

**SCREEN PP23** - This screen functions identically to PP21, except the date parameters refer to "PAID DATE" instead of Service Date. Contract data may also be attained on this screen by inputting the contract number.

**SCREEN PP24** - This screen functions identically to PP22, except that "SERVICE CODE" may be entered and the history will display payments for that Service Code only. Date parameters refer to "PAID DATE" instead of Service Date.

**CHANGE OF PAYMENT HISTORY**

Situations arise which require changes to be made in Payment History. Frequently, a payment might be made for 22 Days (units) covering the period from the first day of the month through the last; e.g., 01MAY98-31MAY98. After payment is made, it is discovered that the client is eligible for reimbursement for 24 units--an additional 2 units. The USSDS will not allow you to pay for two more daily units since there are no days in the month left open. Once it is determined the client should receive services for the additional days, do the following to insure provider is paid for the additional days.

In order to make payment for those extra units, the Regional Office worker must complete the USSDS PAYMENT HISTORY CHANGE REQUEST FORM (unnumbered form). Once the form is completed, it is mailed (or faxed) to the State Office, Bureau of Finance.

Every box must be completed in the section labeled "OLD". Only those items you want changed should be completed in the section labeled "NEW".

If there is a time sensitive issue with the history being changed, such as a payment would exception if it was not done, contact the USSDS Help Desk at (801) 538-4252 and ask that change be done. THE FORM MUST, BE COMPLETED AND MAILED OR FAXED TO THE STATE OFFICE, as quickly as possible.

All necessary changes will be made by The USSDS Help Desk as soon as the form is received so payment for the extra units can then be made.

### DUPLICATE CLIENT IDs

On occasion, a client may have two (or more) Client-Id numbers. This is a mistake that is usually caused by not researching the client information completely before assigning a client ID number. When a case such as this is discovered, contact the State Office for further instructions.

### DUPLICATE PROVIDER IDs

On occasion, a provider may have two (or more) Provider-Id numbers. This is a mistake that is usually caused by not researching the provider information completely before assigning a provider ID number. When a case such as this is discovered, contact the State Office for further instructions

### USSDS PROVIDER BILLING FORMS RETENTION SCHEDULE

You will need to keep on hand **three fiscal years** of the USSDS billing forms. After the third year, the forms may be shredded. The State Office will archive the originals.

## "Workers Quick Reference Sheets"

### PREPARING BILLING FORMS
### CASE WORKER:

1. Provider billing forms arrive from provider

2. Check to see that they are accurate and complete.

3. Check to see that Provider has signed and dated every page of the billing form(s).

4. Correct any billing that needs correction. This includes dates, units, rates and amounts (**INITIAL ANY CHANGES**).

5. When each form is completed and accurate, sign and date the form to verify that you have approved it for payment.

6. Take to terminal operator for input as soon as possible.

**TERMINAL OPERATOR:**

1. Billing forms arrive from caseworker.

2. Check to see that the forms are complete.

3. Verify that the **CaseWorker** and **Provider** have signed and dated each form. If not, **return** to worker or Provider to complete.

4. Prepare for entry.

**PAYMENTS SUMMARY BILLING ENTRY**
**TERMINAL OPERATOR:**

1. Enter screen PP02. Type:

   A. Provider-Id

   B. District (Regional Office--2 letters)

   C. Press Enter

   D. If you wish to pay for only one client from a list of several and you know the client's name, type the last name into Client-name field before you press enter.

2. You will find a set of screens lined up one behind the other in alphabetical order of client's last names. These are authorized payments for this provider. Check the Client –name, Client-Id, Service, and Kind before entering anything on each screen to be sure you have the correct entry.

3. **Check to see that the CaseWorker has checked and signed each billing form before entering any data.**

For each entry on a 520, enter the following into the fields on screen **PP02**.

A. Start-date - date service began for this payment. (DD/MMM/YY)

B. End-date - date service ended for this payment. (DD/MMM/YY)
C. Units - number of units being paid.

D. Amount - Total money being paid.

For each entry on a 295 or 1032, enter the following into the fields on screen **PP03**.
(One Time Cost of Service Payments):

A. Enter ‘One’ if One Time or ‘Svc’ if cost of service.

B. Provider-Id

C. Client ID (if applicable)

D. Service code

E. Kind

F. Payment Start Date (ddmmyy)

    G. Billed units
    H. Rate
    I. Payment Amount (Rate x Units = payment amount)
    J. Contract number if applicable
    K. Budget District Office (3-digits)
    L. Eligibility code (2-digits)
    M. Caseworker ID (4-digits)
    N. Budget Source (1-digit)
    O. Relative Care (if applicable)
    P. Site code (DSPD only)
    Q. Press Enter

4. **Check to see that the CaseWorker has signed and dated each billing form before entering any data.**

5. Print screen PP04 or PPE4 (for e520's)

**PAYMENTS SUMMARY BALANCING PAYROLL STAFF WHO BALANCES (NOT TERMINAL OPERATOR):**

1. Arrange all billing documents in order of Provider-Id "Correction of Exceptions sheets" on top if the payment has been deleted from the payroll. Otherwise, place in Provider- ID order.

2. If more than one page per Provider-Id, add all pages together on adding machine, attach paper total to all pages and staple all together for that Provider-Id.

3. Check sum for each Provider-Id from billing documents against sum for each Provider-Id on screen **PP04 and PPE4 (**if E520 payments have been processed for your region). If totals for screen **PP04/PPE4** and sum of all separate billing documents for entire region are same, you balance. Sign the **PP04/PPE4**.

4. If you do not balance, search for errant entry. One of the document's totals will not equal the total on screen **PP04**. Make adjustments as needed to bring all into balance. (**PP05** is a helpful screen to find errors.)

5. Complete process in time to mail or carry documents with summary to State Office to arrive no later than Friday morning.

**PAYMENTS SUMMARY STATE BALANCING**
**STATE PAYMENTS OPERATOR:**

1. Billing documents arrive at State Office No Later than Friday morning. They are immediately reconciled with Balance Report.

2. Any discrepancies need to be corrected within 24 hours.

**POST OFFICE RETURNS CHECK**

1. Regional Office records the return.
   Regional Office will verify address, city, state and zipcode in USSDS with provider.

2. Regional Office will correct address in USSDS:

   a. If the provider number is a 9 character number go to the BCM website http://www.hsofo.utah.gov/ussds_forms.htm
      Complete the form:
      REQUEST FOR 9-CHARACTER USSDS PROVIDER RECORD CREATION OR UPDATE.
      Send form to BCM.

   b. If the provider number is a 10 character number contact the person in the region who opens/updates providers and have them update address Using the PR17 screen.

   c. Verify address change in SAFE & USSDS PR10 screen

3. Regional Office worker mails check to proper address, or phones provider to pick up check.

4. If check is picked up by provider, provider must show picture ID, evidence of association with provider and sign log for receipt of check.

**PAYMENTS SUMMARY STALE-DATED CHECKS**

1. Provider brings in a stale-dated check which bank will not redeem because it is too old.

2. Regional office worker mails to The USSDS Help Desk. Regional Office sends highlighted print of PP07 or PP23.

3. State office "Cancels" original issuance in USSDS. Regional office worker verifies cancellation of check by the "**C**" associated with that issuance.
4. Regional office worker authorizes payment again for the following payroll run, Wednesday night. Handwritten check replacements for stale-dated checks are done only if the request is for payment for services provided in the previous fiscal year.

**PAYMENTS SUMMARY LOST CHECK REPORTED**

1. Provider reports check has not been received for payments to Regional Office. Worker should check Payment History to determine if payment was made. If payment was made, check may be lost in mail.

2. State Office will determine if check has been redeemed. Have Provider complete Form 510 (LOST CHECK AFFIDAVIT & INFORMATION) if 10 days have elapsed since check was posted to History.

3. Send completed Form 510 along with a copy of the PP23 screen to The USSDS Help Desk.

4. If check has not been redeemed, Form 510 will be processed. A stop payment will be placed. If check has been redeemed, The USSDS Help Desk will notify worker.

5. Within 2-3 days of the stop, check should be canceled within the USSDS system by the state office. Once this is done, Regional Office worker can reauthorize payment

for the following payroll that will be run Wednesday night. Check will be mailed to Provider on Thursday.

**PAYMENTS SUMMARY LOST CHECK REPORTED BUT REDEEMED**

Contact the USSDS helpdesk for instructions on this matter.

**PAYMENTS SUMMARY REIMBURSEMENT BY PROVIDER**

1. When provider returns original check, or submits a personal or business check for full reimbursement for over-payment, Regional Office worker will follow Refund of Payment procedure.

2. State Office will place "**C**ANCEL" on payment history for that original check returned.

3. State Office will place "**A**DJUSTMENT" on payment history for that partial payment returned. Proper FINET accounting coding will be determined by region and written on reimbursement check before sending COPY of reimbursement check to State Office. Check should be deposited in the regions depository account.

**PAYMENTS SUMMARY REQUESTS FOR "HANDWRITES"**

1. Use FORM 1051 for following:
    A. Pay for last fiscal year
    B. Other unusual payments not through PP02 or PP03.

2. Complete "Handwritten" request form and send to the Bureau of Finance with appropriate accompanying print-outs and billings.

3. State Office will (after researching) CANCEL previously-issued checks if needed and attempt approval of request. (Simple replacements are quick and easy; unusual requests are slower and sometimes not approved.)

4. When new check is typed, State Office will adjust "PAYMENT HISTORY" to show issuance of this payment for the specific clients, when appropriate.

5. The check is mailed to Provider.

## REPORT VIEWING AND PRINTING

The program "Control D" allows printing and viewing of USSDS reports. Reports used by USSDS payroll entry persons are RPP4 (USSDS payroll detail), RPR3 (USSDS close-ended contract detail), and RPP1 (USSDS exception report). Listed below are the function keys which navigate users through the system.

F3: Exit
F5: Next Hit
F8: Page Down
F7: Page Up
F10: Moves viewable screen over to the right
F11: Moves viewable screen over to the left
Shift F12: Allows user to toggle between different screens

ENTERING "CONTROL D"

1. Go into TN3270 and type SW and press enter
2. Enter **user id** and **password** and press enter
3. Type **itdo** and press enter twice
4. Tab or Ctrl down to USER and enter either HSRPP4 or HSGROUPF, press enter
5. Tab or Ctrl down to the report. Type either **v or p** in front of the report.
   **v** will allow viewing of the document
   **p** will allow printing of the document

VIEWING A REPORT

1. Type **v** in front of the report and press enter
2. To find information within the report type **f** (space bar) and the information wanted. (example: f hhc or f David)
3. A message may appear which states, "THE FIND LIMIT HAS BEEN REACHED PLEASE SELECT ONE OF THE FOLLOWING." To continue, type in **3** and press enter. The search will continue.
4. Find the information needed and look at the page number in the upper left hand corner for the page numbers. Make sure to scroll down (using F8) until the end of data wanted has been reached. Check the page number to know what range of pages to print.
5. To exit the system, press **F3**.

PRINTING A REPORT

1 Type **p** in front of the report to be printed and press enter
2 Under PRINT OPTION enter the number **1**
3 Enter the numbers of **copies**
4 The FORM is always **STD**
5 The CLASS is always **A**
6 The DEST is your printer id. It will start with a T and end with a P. You MUST have this id in order to print. It will not print to your regular printer without this id.
7 Enter the **page range** you want
8 Everything else stays the same, press enter
9 It will say that has printed OK at the top of the screen

PRINT OPTION====> 1

1-Immediate Printing
2- Deferred Printing (by Print Mission)
X- Exit (no action)

COPIES **001** FORM **std** CLASS **a**

DEST **your printer id** WTR

FROM PAGE **000001** TO PAGE **000005** RULER DEFAULT

PRINT MISSIONS HSLOO2

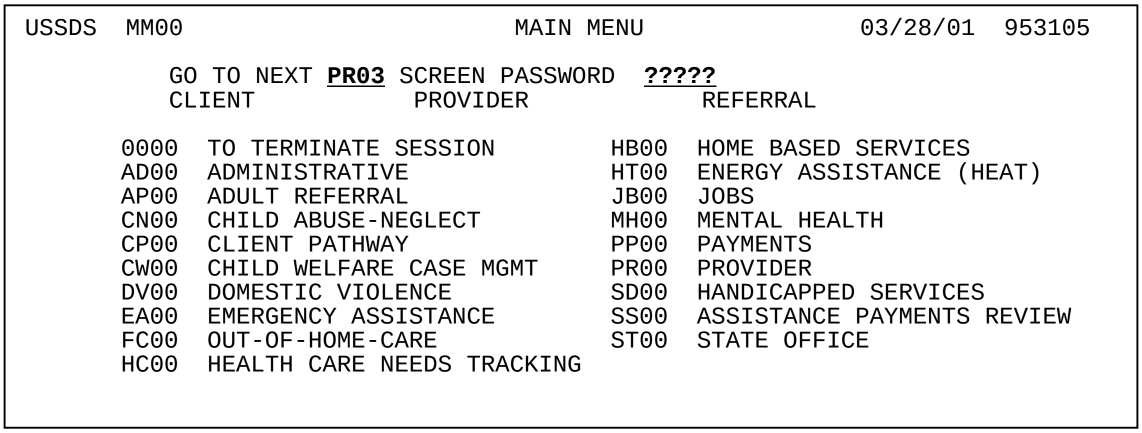
USER HSGROUPF REPORT HSSCHECK*RPP4 JOB HSSCHECK

## SEARCHING FOR PROVIDER RECORDS IN USSDS

The USSDS information system provides the capability of searching for existing provider records utilizing either: 1) <PR03> for an alphabetical name search, or 2) <PR16> using the 9-character provider ID (the tax or IRS number).

### ALPHABETICAL SEARCH <PR03>

1. **MAIN MENU (MMOO)**



```
USSDS  MM00                       MAIN MENU              03/28/01  953105

          GO TO NEXT PR03 SCREEN PASSWORD  ?????
          CLIENT          PROVIDER            REFERRAL

      0000  TO TERMINATE SESSION        HB00  HOME BASED SERVICES
      AD00  ADMINISTRATIVE              HT00  ENERGY ASSISTANCE (HEAT)
      AP00  ADULT REFERRAL              JB00  JOBS
      CN00  CHILD ABUSE-NEGLECT         MH00  MENTAL HEALTH
      CP00  CLIENT PATHWAY              PP00  PAYMENTS
      CW00  CHILD WELFARE CASE MGMT     PR00  PROVIDER
      DV00  DOMESTIC VIOLENCE           SD00  HANDICAPPED SERVICES
      EA00  EMERGENCY ASSISTANCE        SS00  ASSISTANCE PAYMENTS REVIEW
      FC00  OUT-OF-HOME-CARE            ST00  STATE OFFICE
      HC00  HEALTH CARE NEEDS TRACKING
```

a. From the Main Menu screen, type "PR03" in the "GO TO NEXT" space.
b. Type the “Password” in the “SCREEN PASSWORD” space.
c. Hit "Enter"

This will take you to the "PROVIDER LOOKUP SCREEN"

2. **PROVIDER RECORD SEARCH (PR03)**

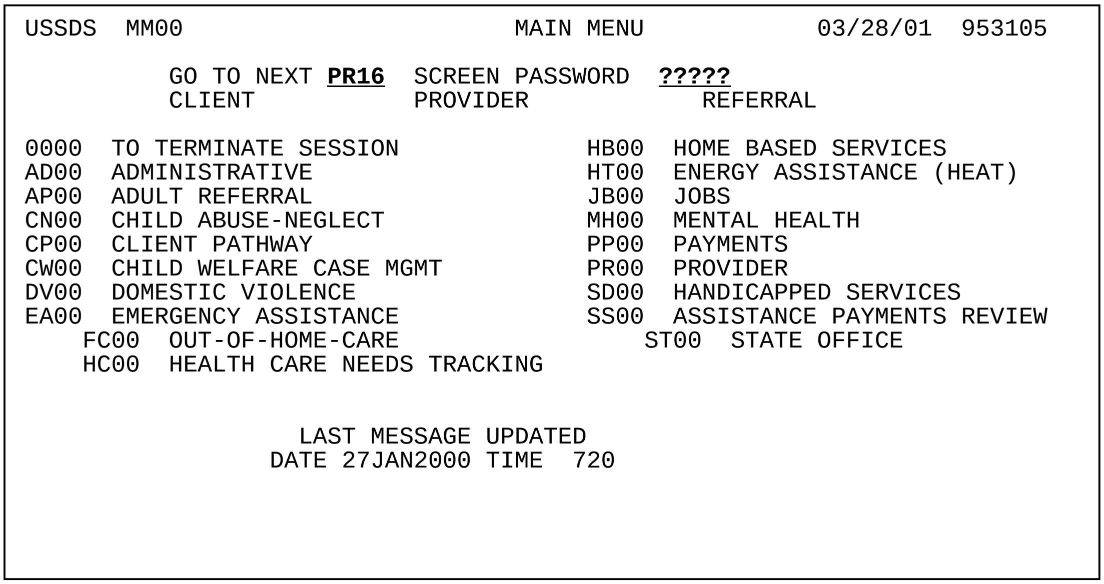
a. In the "PROVIDER RESOURCE NAME SEARCH QUERY SCREEN", enter the provider’s name in the “LAST NAME:” space.
b. Hit "Enter"
c. If there is a match for the provider’s name, one or more provider records will be listed. Put an "x" next to the “Provider ID” and choose one of the following options:

PF3 = EXIT: Return to "PROVIDER RESOURCE NAME SEARCH QUERY SCREEN" <PR03> to enter a different name.
PF4 = PR11: List of contracts and approvals for the selected provider.
PF5 = PR10: Go to “PROVIDER CHARACTERISTIC SCREEN”.
PF6 = PR06: Go to “PROVIDER RESOURCE CHARACTERISTIC ENTRY SCREEN”.
PF7 = --: Scroll to previous page of names.
PF8 = ++: Scroll to next page of names.
PF9 = PR20: Go to “CHILD WELFARE CHARACTERISTICS”.

d. If there are not any matches under the name you entered, you will get the message ‘NO PROVIDER ON FILE’ at the top of the screen. Enter “MM00” in the Go To NEXT space to return to the main menu.

**TAX ID/IRS NUMBER SEARCH <PR16>**

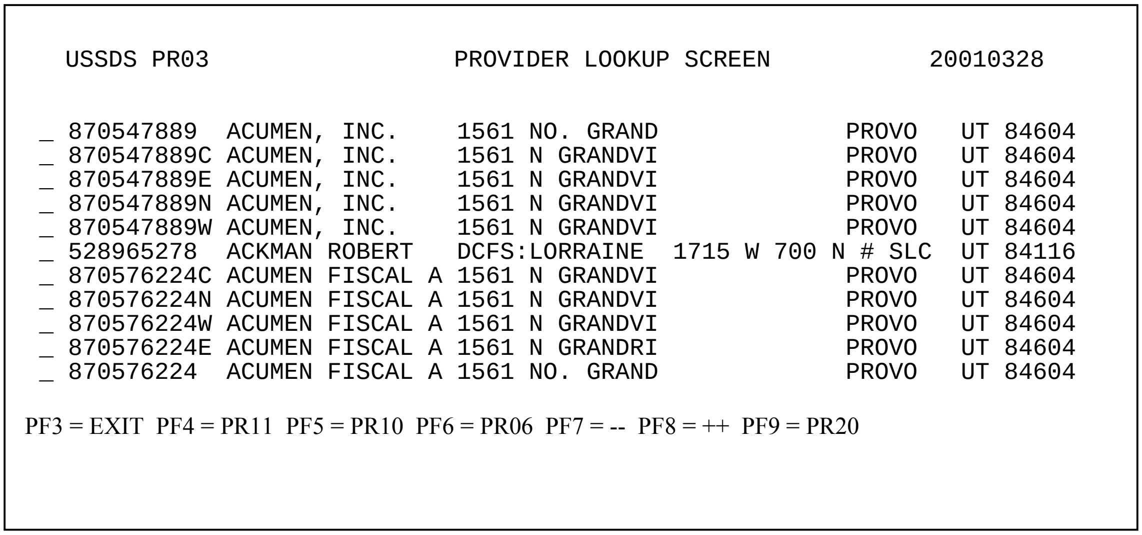
1. MAIN MENU (MMOO)



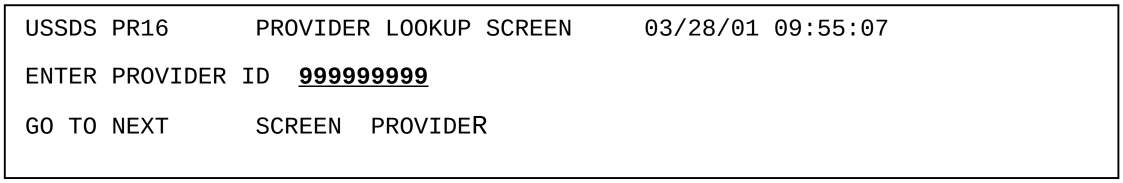
```
USSDS  MM00                       MAIN MENU           03/28/01  953105

          GO TO NEXT PR16  SCREEN PASSWORD  ?????
          CLIENT           PROVIDER           REFERRAL

0000  TO TERMINATE SESSION            HB00  HOME BASED SERVICES
AD00  ADMINISTRATIVE                  HT00  ENERGY ASSISTANCE (HEAT)
AP00  ADULT REFERRAL                  JB00  JOBS
CN00  CHILD ABUSE-NEGLECT             MH00  MENTAL HEALTH
CP00  CLIENT PATHWAY                  PP00  PAYMENTS
CW00  CHILD WELFARE CASE MGMT         PR00  PROVIDER
DV00  DOMESTIC VIOLENCE               SD00  HANDICAPPED SERVICES
EA00  EMERGENCY ASSISTANCE            SS00  ASSISTANCE PAYMENTS REVIEW
    FC00  OUT-OF-HOME-CARE                ST00  STATE OFFICE
    HC00  HEALTH CARE NEEDS TRACKING


                   LAST MESSAGE UPDATED
                 DATE 27JAN2000 TIME  720
```

a. From the Main Menu screen, type "PR16" in the "GO TO NEXT" space.
b. Enter the Password in the 'screen password' space.
c. Hit "Enter"

This will take you to the "PROVIDER LOOKUP SCREEN"



```
  USSDS PR03                 PROVIDER LOOKUP SCREEN          20010328


_ 870547889  ACUMEN, INC.    1561 NO. GRAND             PROVO   UT 84604
_ 870547889C ACUMEN, INC.    1561 N GRANDVI             PROVO   UT 84604
_ 870547889E ACUMEN, INC.    1561 N GRANDVI             PROVO   UT 84604
_ 870547889N ACUMEN, INC.    1561 N GRANDVI             PROVO   UT 84604
_ 870547889W ACUMEN, INC.    1561 N GRANDVI             PROVO   UT 84604
_ 528965278  ACKMAN ROBERT   DCFS:LORRAINE  1715 W 700 N # SLC  UT 84116
_ 870576224C ACUMEN FISCAL A 1561 N GRANDVI             PROVO   UT 84604
_ 870576224N ACUMEN FISCAL A 1561 N GRANDVI             PROVO   UT 84604
_ 870576224W ACUMEN FISCAL A 1561 N GRANDVI             PROVO   UT 84604
_ 870576224E ACUMEN FISCAL A 1561 N GRANDRI             PROVO   UT 84604
_ 870576224  ACUMEN FISCAL A 1561 NO. GRAND             PROVO   UT 84604

PF3 = EXIT  PF4 = PR11  PF5 = PR10  PF6 = PR06  PF7 = --  PF8 = ++  PF9 = PR20
```



```
USSDS PR16      PROVIDER LOOKUP SCREEN     03/28/01 09:55:07

ENTER PROVIDER ID  999999999

GO TO NEXT      SCREEN  PROVIDER
```

2. PROVIDER RECORD SEARCH (PR16)

   a. In the "PROVIDER LOOKUP SCREEN", enter the 9- character provider ID.

b. Hit "Enter"

If a match is found, a screen similar to the following will appear:

```
USSDS PR16      PROVIDER LOOKUP SCREEN             20010328


_ 999999999  HOW ABOUT THEM               1111 LO UT 88888
_ 999999999M HOW ABOUT THEM  HERE         NOWHERE UT 98987


F3 = EXIT  PF4 = PR15  PF5 = PR09  PF6 = PR18  PF7 = --PF8 = ++ PF9 = PR08
```

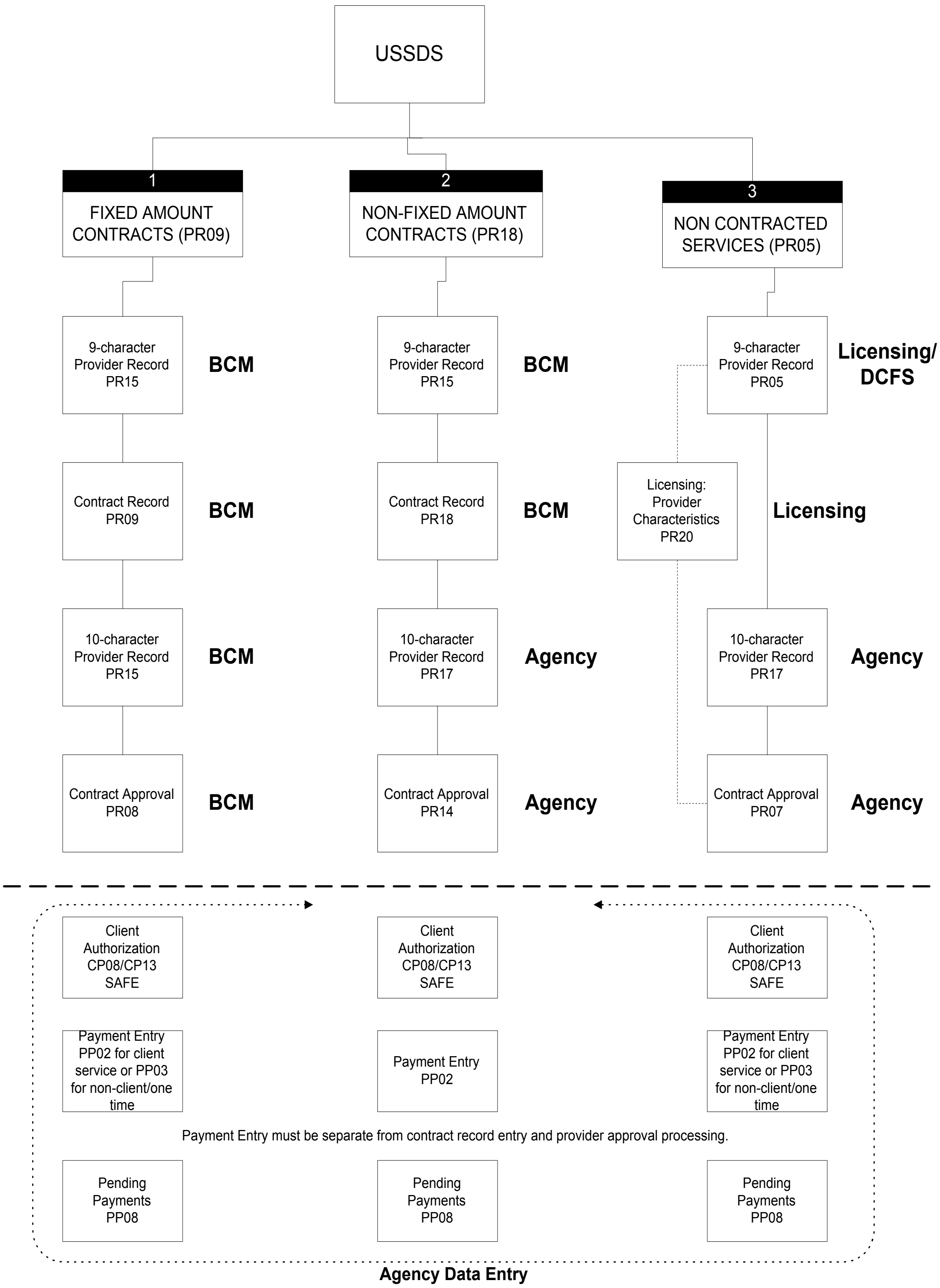
If there is a provider record under the 9-character provider ID you entered, one or more provider records will be listed. Put an "x" next to the "Provider ID" and choose one of the following options:

PF3 = EXIT: Return to "PROVIDER RESOURCE NAME SEARCH QUERY SCREEN" <PR03> to enter a different name.
PF4 = PR15: Go to "CONTRACT PROVIDER RESOURCE IDENTIFICATION"
PF5 = PR09: Go to "PROVIDER CONTRACT SCREEN"
PF6 = PR18: Go to "PROVIDER OPEN ENDED CONTRACT SCREEN"
PF7 = --: Scroll to previous page of names.
PF8 = ++: Scroll to next page of names.
PF9 = PR08: Go to "CONTRACT APPROVAL ADD – UPDATE"

c. If there are not any matches under the name you entered, you will get the message "NO PROVIDER ON FILE" at the top of the screen. Enter "MM00" in the Go To NEXT space to return to the main menu.

Below is a flow chart process on who has access to open provider fixed-amount contracts, non-fixed amount contracts, non-contracted services and client payment authorizations.

**USSDS System Data Entry Overview**



USSDS
1
FIXED AMOUNT CONTRACTS (PR09)
2
NON-FIXED AMOUNT CONTRACTS (PR18)
3
NON CONTRACTED SERVICES (PR05)
9-character Provider Record PR15
BCM
Contract Record PR09
BCM
10-character Provider Record PR15
BCM
Contract Approval PR08
BCM
9-character Provider Record PR15
BCM
Contract Record PR18
BCM
10-character Provider Record PR17
Agency
Contract Approval PR14
Agency
9-character Provider Record PR05
Licensing/ DCFS
Licensing: Provider Characteristics PR20
Licensing
10-character Provider Record PR17
Agency
Contract Approval PR07
Agency
Client Authorization CP08/CP13 SAFE
Client Authorization CP08/CP13 SAFE
Client Authorization CP08/CP13 SAFE
Payment Entry PP02 for client service or PP03 for non-client/one time
Payment Entry PP02
Payment Entry PP02 for client service or PP03 for non-client/one time
Payment Entry must be separate from contract record entry and provider approval processing.
Pending Payments PP08
Pending Payments PP08
Pending Payments PP08
Agency Data Entry

**USSDS "PROVIDER TYPE" CODES**

| CODE | PROVIDER TYPE |
|---|---|
| R | RESOURCE ONLY |
| X | OTHER PUBLIC |
| P | PRIVATE FOR PROFIT |
| N | PRIVATE NON PROFIT |
| B | PUBLIC AGENCY PURCHASE |

## PROVIDER SET-UP IN USSDS
## Request for USSDS PROVIDER RECORD Creation
(Non-contracted provider payments only)

Prior to requesting creation of provider records, search for existing records using PR16 and PR 03 in USSDS system.

Complete the form below and return with a copy of the providers social security card **or** a W-9 form completed and signed by the provider to the Bureau of Contract Management by email or fax:

**Email**: BCM@Utah.gov with **PROVIDER ID SETUP** in the Subject Field.
(GroupWise users can type "Bureau Contract Management" in the TO field.)
**Fax**: (801) 538-4317
**Phone**: (801) 538-4225

Note: * denotes required information

| | | | | |
|---|---|---|---|---|
| ***Provider ID: (Federal Tax Identification number ) or (Social Security number)** | | | | |
| ***Legal Name:<br>(Corporate Name)** | | | | |
| **Pay To Name:** | | | | |
| **Personal Name:<br>(may be used instead of Legal Name)** | (Last, First, MI) | | | |
| ***Mailing Address:** | | | | |
| **Extra Address:** | | | | |
| ***City:** | ***State:** | ***ZIP:** | ***Area Code:** | ***Phone:** |
| ***County:** | ***Provider Type:** | **Worker ID:** | **District Office:** | |

EXAMPLE

Provider Types: R = Resource only; X = Other Public; P = Private for Profit; N = Private Non Profit; B = Public Agency Purchase

**Person Requesting Provider Record information: (required)**

| | |
|---|---|
| ***Name:** | |
| ***Work Phone:** | |
| ***Email:** | |
| ***Agency:** | |
| ***Office Name:** | |
| ***Office Location:** | |

**For Bureau of Contract Management use only:**

| | | |
|---|---|---|
| **Date Entered**: | **Entered by**: | **Comments**: |

## ENTERING APPROVALS FOR NON-FIXED AMOUNT CONTRACTS

| | |
|---|---|
| **Profile S:** | **DCFS contract approval entry** |
| **Profile M:** | **DHS/non DCFS contract approval entry** |

### A. <u>CREATE 10-CHARACTER PROVIDER ID FOR APPROVAL RECORD</u>

Notes: a) 10-character provider records must have a matching 9-character provider record prior to creation (contact BCM for creation of 9-character provider records).

b) Approval records **should use** the 9-character provider record or an existing 10-character provider record if the existing record has the correct <u>billing address</u>. New provider records do not need to be created based on "WORKER ID" and/or "DISTRICT OFFICE".

c) Always search for existing provider records (PR03 and PR16) prior to creating 10-character provider records.

1. Main Menu Screen
   a. From the Main Menu, type "PR17" in the "GO TO NEXT" space.
   b. Type the password in the "SCREEN PASSWORD" space.
   c. Hit "enter"

```
USSDS  MM00                       MAIN MENU    03/28/01  953105

          GO TO NEXT PR17  SCREEN  PASSWORD ?????
          CLIENT           PROVIDER            REFERRAL

0000  TO TERMINATE SESSION        HB00  HOME BASED SERVICES
AD00  ADMINISTRATIVE              HT00  ENERGY ASSISTANCE (HEAT)
AP00  ADULT REFERRAL              JB00  JOBS
CN00  CHILD ABUSE-NEGLECT         MH00  MENTAL HEALTH
CP00  CLIENT PATHWAY              PP00  PAYMENTS
CW00  CHILD WELFARE CASE MGMT     PR00  PROVIDER
DV00  DOMESTIC VIOLENCE           SD00  HANDICAPPED SERVICES
EA00  EMERGENCY ASSISTANCE        SS00  ASSISTANCE PAYMENTS REVIEW
FC00  OUT-OF-HOME-CARE            ST00  STATE OFFICE
HC00  HEALTH CARE NEEDS TRACKING
```

2. This takes you to the CONTRACT PROVIDER RESOURCE IDENTIFICATION screen

```
USSDS PR17        CONTRACT PROVIDER RESOURCE IDENTIFICATION
03/28/01 1015172

ENTER PROVIDER ID  656578782A
GO TO NEXT      SCREEN  CLIENT           REFERRAL
```

   a. Enter the 10-character provider ID in the "PROVIDER ID" space.
   b. Hit "Enter"

```
USSDS PR17 CONTRACT PROVIDER RESOURCE IDENTIFICATION    03/28/01 1018349

PROVIDER ID 656578782A

 LEGAL NAME  INTERMOUNTAIN HEALTH CARE
```

```
PAY TO NAME  PRIMARY CHILDREN'S HOSPITAL

MAILING ADDRESS 120 NORTH MEDICAL DRIVE    RESIDENCE
          EXTRA                                IF
        CITY-ST SALT LAKE          UT  DIFFERENT
            ZIP 84103
                                             RES LOCATION DESCRIPTION
AREA CODE 801 PHONE 538-1111

COUNTY  00    DISTRICT OFFICE         WORKER ID         PROVIDER TYPE B

LAST UPDATE

GO TO NEXT       SCREEN  CLIENT           PROVIDER 656578782  REFERRAL
```

c. You must type in the "MAILING ADDRESS", "CITY-ST", "ZIP", "AREA CODE" and "PHONE", "COUNTY", and "PROVIDER TYPE".
d. If needed, type in " PAY TO NAME ", "RESIDENCE", and "EXTRA" for additional address information. "DISTRICT OFFICE" and "WORKER ID" do not need to be entered.
e. Hit "Enter"

3. This takes you to the "CONTRACT PROVIDER RESOURCE IDENTIFICATION" screen.

```
PROVIDER WAS STORED
USSDS PR17     CONTRACT PROVIDER RESOURCE IDENTIFICATION    03/28/01 1015172

ENTER PROVIDER ID  656578782A

GO TO NEXT      SCREEN  CLIENT           REFERRAL
```

a. If everything is "OK" with the provider record, you will get the message "PROVIDER WAS STORED" at the top of the screen.
b. Type "MM00" in the "GO TO NEXT" space to return to the Main Menu.

## B. CREATE CONTRACT APPROVAL RECORD

1. Main Menu Screen
   a. From the Main Menu, type "PR14" in the "GO TO NEXT" space.
   b. Type the password in the "SCREEN PASSWORD" space.
   c. Hit "enter"

```
USSDS  MM00                 MAIN MENU                  03/28/01  953105

          GO TO NEXT PR14  SCREEN  PASSWORD ?????
          CLIENT           PROVIDER            REFERRAL

    0000  TO TERMINATE SESSION             HB00  HOME BASED SERVICES
    AD00  ADMINISTRATIVE                   HT00  ENERGY ASSISTANCE (HEAT)
    AP00  ADULT REFERRAL                   JB00  JOBS
    CN00  CHILD ABUSE-NEGLECT              MH00  MENTAL HEALTH
    CP00  CLIENT PATHWAY                   PP00  PAYMENTS
    CW00  CHILD WELFARE CASE MGMT          PR00  PROVIDER
    DV00  DOMESTIC VIOLENCE                SD00  HANDICAPPED SERVICES
    EA00  EMERGENCY ASSISTANCE             SS00  ASSISTANCE PAYMENTS REVIEW
    FC00  OUT-OF-HOME-CARE                 ST00  STATE OFFICE
    HC00  HEALTH CARE NEEDS TRACKING
```

2. This takes you to the "CONTRACT APPROVAL ADD - UPDATE" screen.

```
USSDS PR14   CONTRACT APPROVAL ADD - UPDATE           03/28/01 1241463

PROVIDER ID: 656578782

SERVICE CODE: SCR
```

```
CONTRACT NBR: 888777

APPROVAL START DATE: 01jul00

         & END DATE: 30jun01

GO TO NEXT      SCREEN  CLIENT           REFERRAL
```

a. Here you must enter the "PROVIDER ID", "SERVICE CODE", “CONTRACT NBR", and "APPROVAL START DATE & END DATE".

b. Hit "Enter"

1. This will take you to the "OPEN ENDED CONTRACT APPROVAL UPDATE - CHANGE" screen.

```
USSDS PR14       OPEN ENDED CONTRACT APPROVAL ADD         1242351 03/28/01

PROVIDER ID: 123456789             NAME: FISH SHOP

          START      END                    CONTRACT        PRIMARY
ALTERNATE
SERVICE    DATE      DATE   AGENCY  WORKER  NUMBER  KIND    RATE       RATE

  DVC    01JUL00   30JUN01    ag1     ag01  888888          M    267945.03
                                                            D     100.00


LICENSED CAPACITY            DATE LAST MONITORED

OTHER LICENSING WORKER AGENCY      OTHER LICENSING WORKER

GO TO NEXT      SCREEN  CLIENT            PROVIDER 123456789   REFERRAL
```

a. Here you must enter "AGENCY", "WORKER", "KIND", and "PRIMARY RATE".
If needed you may enter multiple “KIND” and “PRIMARY RATE” entries.
“ALTERNATE” rates can also be entered as needed.

b. Hit "Enter"

```
LAST SCREEN UPDATED-ENTER NEXT DATA
USSDS PR14          CONTRACT APPROVAL ADD - UPDATE           03/28/01
1241463

PROVIDER ID: 123456789

SERVICE CODE: AG1

CONTRACT NBR: 88888888

APPROVAL START DATE: 01JUN00

         & END DATE: 30JUN01

GO TO NEXT      SCREEN  CLIENT           REFERRAL
```

c. If everything is "OK", the message "LAST SCREEN UPDATED-ENTER NEXT DATA" will appear at the top of the screen and you will be returned to the PR14 screen.

**YOU MUST DO A PR14 FOR EACH SERVICE CODE IN THE CONTRACT.**

d. When all service codes have been entered, type "MM00" in the GO TO NEXT field to return to the main menu.

## NON-CONTRACTED SERVICE APPROVAL

**Profile S:** **DCFS non-contract approval entry**
**Profile M:** **DHS/non DCFS non-contract approval entry**

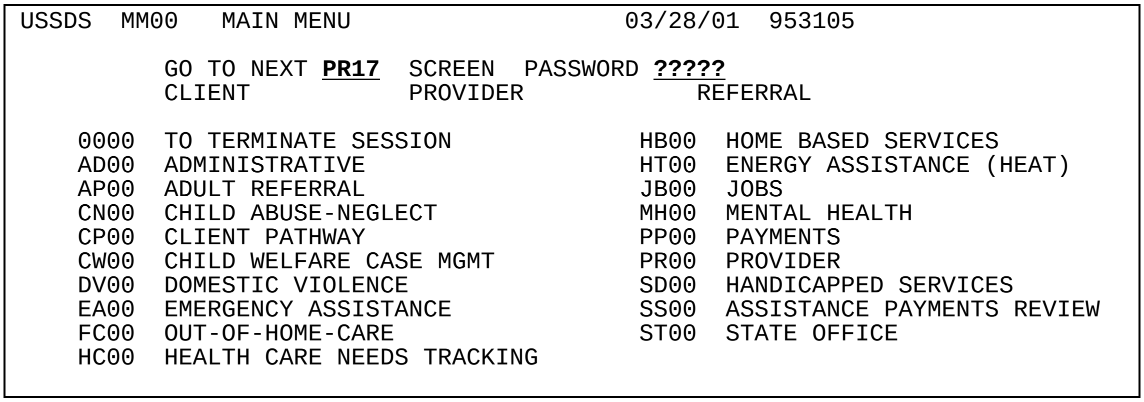
## A. CREATE 10-CHARACTER PROVIDER ID FOR APPROVAL RECORD

Notes: a) 10-character provider records must have a matching 9-character provider record prior to creation (contact BCM for creation of 9-character provider records).

b) Approval records **should use** the 9-character provider record or an existing 10-character provider record if the existing record has the correct billing address. New provider records do not need to be created based on "WORKER ID" and/or "DISTRICT OFFICE".

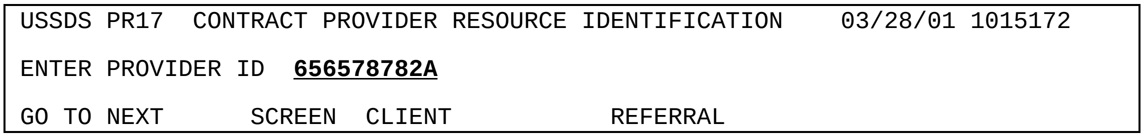
c) Always search for existing provider records (PR03 and PR16) prior to creating 10-character provider records.

1. Main Menu Screen
   a. From the Main Menu, type "PR17" in the "GO TO NEXT" space. Type the password in the "SCREEN PASSWORD" space. Hit "enter"



```
USSDS  MM00   MAIN MENU                   03/28/01  953105

          GO TO NEXT PR17  SCREEN  PASSWORD ?????
          CLIENT           PROVIDER            REFERRAL

    0000  TO TERMINATE SESSION              HB00  HOME BASED SERVICES
    AD00  ADMINISTRATIVE                    HT00  ENERGY ASSISTANCE (HEAT)
    AP00  ADULT REFERRAL                    JB00  JOBS
    CN00  CHILD ABUSE-NEGLECT               MH00  MENTAL HEALTH
    CP00  CLIENT PATHWAY                    PP00  PAYMENTS
    CW00  CHILD WELFARE CASE MGMT           PR00  PROVIDER
    DV00  DOMESTIC VIOLENCE                 SD00  HANDICAPPED SERVICES
    EA00  EMERGENCY ASSISTANCE              SS00  ASSISTANCE PAYMENTS REVIEW
    FC00  OUT-OF-HOME-CARE                  ST00  STATE OFFICE
    HC00  HEALTH CARE NEEDS TRACKING
```

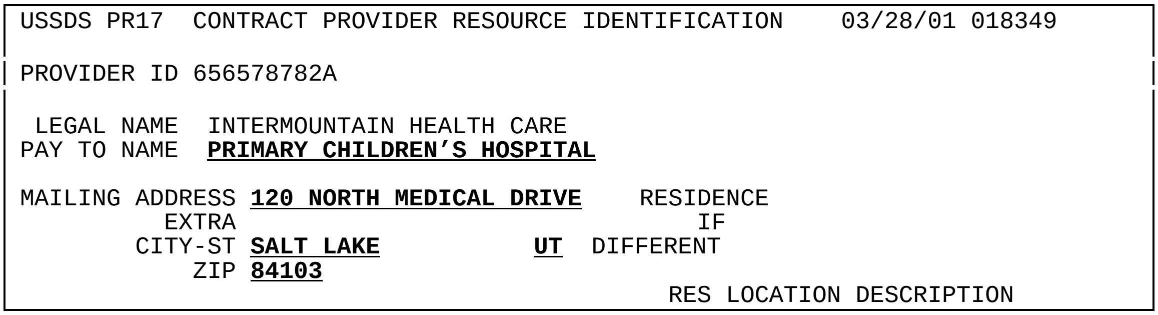
2. This takes you to the CONTRACT PROVIDER RESOURCE IDENTIFICATION screen



```
USSDS PR17  CONTRACT PROVIDER RESOURCE IDENTIFICATION    03/28/01 1015172

ENTER PROVIDER ID  656578782A

GO TO NEXT      SCREEN  CLIENT           REFERRAL
```

   a. Enter the 10-character provider ID in the "PROVIDER ID" space.

   b. Hit "Enter"



```
USSDS PR17  CONTRACT PROVIDER RESOURCE IDENTIFICATION    03/28/01 018349

PROVIDER ID 656578782A

 LEGAL NAME  INTERMOUNTAIN HEALTH CARE
PAY TO NAME  PRIMARY CHILDREN'S HOSPITAL

MAILING ADDRESS 120 NORTH MEDICAL DRIVE    RESIDENCE
          EXTRA                                IF
        CITY-ST SALT LAKE          UT  DIFFERENT
            ZIP 84103
                                             RES LOCATION DESCRIPTION
```

```
AREA CODE 801 PHONE 538-4225

COUNTY  00    DISTRICT OFFICE         WORKER ID          PROVIDER TYPE B

LAST UPDATE

GO TO NEXT       SCREEN  CLIENT           PROVIDER 656578782  REFERRAL
```

c. You must type in the "MAILING ADDRESS", "CITY-ST", "ZIP", "AREA ODE and “PHONE", "COUNTY", and "PROVIDER TYPE".
d. If needed, type in " PAY TO NAME ", "RESIDENCE", and "EXTRA" for additional address information. “DISTRICT OFFICE” and “WORKER ID” do not need to be entered.
e. Hit "Enter"

3. If everything is "OK" with the provider record, you will get the message "PROVIDER WAS STORED" at the top of the screen.

```
PROVIDER WAS STORED
USSDS PR17     CONTRACT PROVIDER RESOURCE IDENTIFICATION    03/28/01 1015172

ENTER PROVIDER ID

GO TO NEXT      SCREEN  CLIENT           REFERRAL
```

a. Type “MM00” in the “GO TO NEXT” space to return to the Main Menu.

## B. CREATE APPROVAL RECORD FOR NON-CONTRACTED SERVICE

1. Main Menu Screen
   a. From the Main Menu, type “PR07” in the “GO TO NEXT” space.
   b. Type the password in the “SCREEN PASSWORD” space.
   c. Hit “enter”

```
USSDS  MM00       MAIN MENU                  03/28/01  953105

          GO TO NEXT PR07  SCREEN  PASSWORD ?????
          CLIENT           PROVIDER            REFERRAL

    0000  TO TERMINATE SESSION              HB00  HOME BASED SERVICES
    AD00  ADMINISTRATIVE                    HT00  ENERGY ASSISTANCE (HEAT)
    AP00  ADULT REFERRAL                    JB00  JOBS
    CN00  CHILD ABUSE-NEGLECT               MH00  MENTAL HEALTH
    CP00  CLIENT PATHWAY                    PP00  PAYMENTS
    CW00  CHILD WELFARE CASE MGMT           PR00  PROVIDER
    DV00  DOMESTIC VIOLENCE                 SD00  HANDICAPPED SERVICES
    EA00  EMERGENCY ASSISTANCE              SS00  ASSISTANCE PAYMENTS REVIEW
    FC00  OUT-OF-HOME-CARE                  ST00  STATE OFFICE
    HC00  HEALTH CARE NEEDS TRACKING
```

2. This takes you to the "CONTRACT APPROVAL ADD - UPDATE" screen.

```
USSDS PR07   PROVIDER APPROVAL ADD - UPDATE            03/28/01 124446

PROVIDER ID:  123456789

SERVICE CODE: DVC

APPROVAL START DATE:  01JUL00

GO TO NEXT      SCREEN  CLIENT           REFERRAL
```

a. Here you must enter the "PROVIDER ID", "SERVICE CODE", and "APPROVAL START DATE".
b. Hit "Enter"

3. This will take you to the "OPEN ENDED CONTRACT APPROVAL ADD" screen.

```
USSDS PR07         PROVIDER APPROVAL ADD                     1224416
             04/04/01

PROVIDER ID: 123456789              NAME: FISH SHOP

          START      END                                PRIMARY
             ALTERNATE
SERVICE    DATE      DATE  DIST/OFF WORKER         KIND    RATE   OR 2ND
             RATE

  JSP    01JUL00   30jul00   cy1     cy01           N    50.00
                                                    M    100.00

LICENSED CAPACITY

OTHER AGENCY WORKER        DISTRICT/OFF

GO TO NEXT      SCREEN  CLIENT            PROVIDER 123456789   REFERRAL
```

a. Here you must enter "END DATE", "DIST/OFF", "WORKER", and "PRIMARY RATE". If needed you may enter multiple "KIND" and "PRIMARY RATE" entries. "ALTERNATE" rates can also be entered as needed.
b. Hit "Enter"

```
LAST SCREEN UPDATED - ENTER NEXT DATA

USSDS PR07   PROVIDER APPROVAL ADD - UPDATE           04/04/01 1225283

PROVIDER ID: 123456789

SERVICE CODE: JSP

APPROVAL START DATE: 01JUL00

GO TO NEXT      SCREEN  CLIENT           REFERRAL
```

c. If everything is "OK", the message "LAST SCREEN UPDATED-ENTER NEXT DATA" will appear at the top of the screen and you will be returned to the PR07 screen.

**YOU MUST DO A PR07 FOR EACH SERVICE CODE FOR THE PROVIDER.**

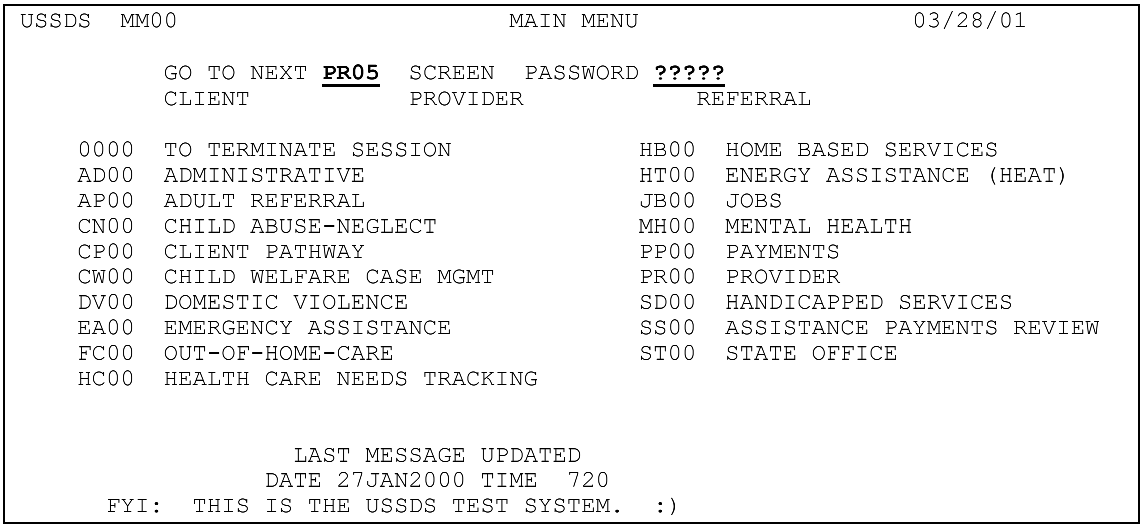
## HOW TO ENTER A PROVIDER RECORD FOR A NON-CONTRACT SERVICE FOR LICENSE TYPE LFC, LSC AND UFC (Licensing) & FOR LICENSE TYPE IPC, SHC AND ILC (DCFS)

**Profile K:** **Licensing Provider Record Creation/Edit**
**Profile S:** **DCFS Provider Record Creation/Edit**

### A. CREATE A 9-CHARACTER PROVIDER ID (PR05)

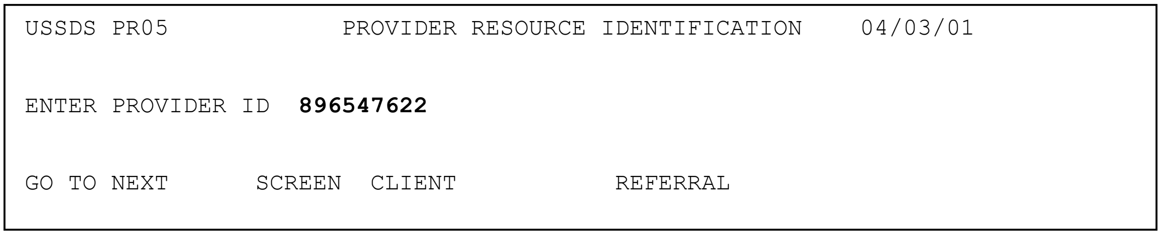
1. MAIN MENU SCREEN

a. From the Main Menu, type "PR05" in the "GO TO NEXT" space.
Type the password in the "SCREEN PASSWORD" space.
Hit "enter"



```
USSDS  MM00                       MAIN MENU                   03/28/01

          GO TO NEXT PR05  SCREEN  PASSWORD ?????
          CLIENT           PROVIDER            REFERRAL

    0000  TO TERMINATE SESSION             HB00  HOME BASED SERVICES
    AD00  ADMINISTRATIVE                   HT00  ENERGY ASSISTANCE (HEAT)
    AP00  ADULT REFERRAL                   JB00  JOBS
    CN00  CHILD ABUSE-NEGLECT              MH00  MENTAL HEALTH
    CP00  CLIENT PATHWAY                   PP00  PAYMENTS
    CW00  CHILD WELFARE CASE MGMT          PR00  PROVIDER
    DV00  DOMESTIC VIOLENCE                SD00  HANDICAPPED SERVICES
    EA00  EMERGENCY ASSISTANCE             SS00  ASSISTANCE PAYMENTS REVIEW
    FC00  OUT-OF-HOME-CARE                 ST00  STATE OFFICE
    HC00  HEALTH CARE NEEDS TRACKING


                   LAST MESSAGE UPDATED
                 DATE 27JAN2000 TIME  720
      FYI:  THIS IS THE USSDS TEST SYSTEM.  :)
```

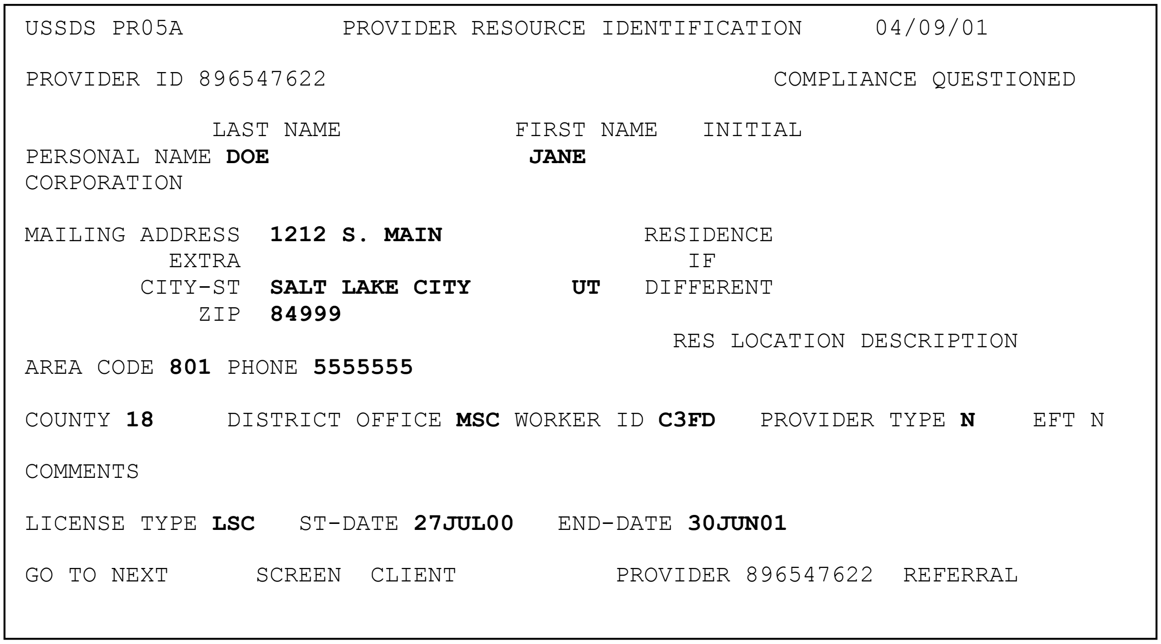
2. This will take you to the “PROVIDER RESOURCE IDENTIFICATION” (PR05) screen.



```
USSDS PR05            PROVIDER RESOURCE IDENTIFICATION    04/03/01


ENTER PROVIDER ID  896547622


GO TO NEXT      SCREEN  CLIENT           REFERRAL
```

a. In the PROVIDER RESOURCE IDENTIFICATION (PR05) screen, enter the 9-charater provider ID.

b. Hit "Enter"



```
USSDS PR05A           PROVIDER RESOURCE IDENTIFICATION     04/09/01

PROVIDER ID 896547622                               COMPLIANCE QUESTIONED

             LAST NAME            FIRST NAME   INITIAL
PERSONAL NAME DOE                  JANE
CORPORATION

MAILING ADDRESS  1212 S. MAIN              RESIDENCE
          EXTRA                               IF
        CITY-ST  SALT LAKE CITY       UT   DIFFERENT
            ZIP  84999
                                             RES LOCATION DESCRIPTION
AREA CODE 801 PHONE 5555555

COUNTY 18     DISTRICT OFFICE MSC WORKER ID C3FD   PROVIDER TYPE N    EFT N

COMMENTS

LICENSE TYPE LSC   ST-DATE 27JUL00   END-DATE 30JUN01

GO TO NEXT      SCREEN  CLIENT           PROVIDER 896547622  REFERRAL
```

3. This will take you to the “PROVIDER RESOURCE IDENTIFICATION” (PR05A) screen.

   a. Enter the information as it appears on the form 519a. Required fields are the "LEGAL NAME (Personal Name)", "MAILING ADDRESS", "CITY-ST", "ZIP", "AREA CODE AND PHONE", "COUNTY CODE", “DISTRICT OFFICE”, “WORKER ID” and "PROVIDER TYPE"

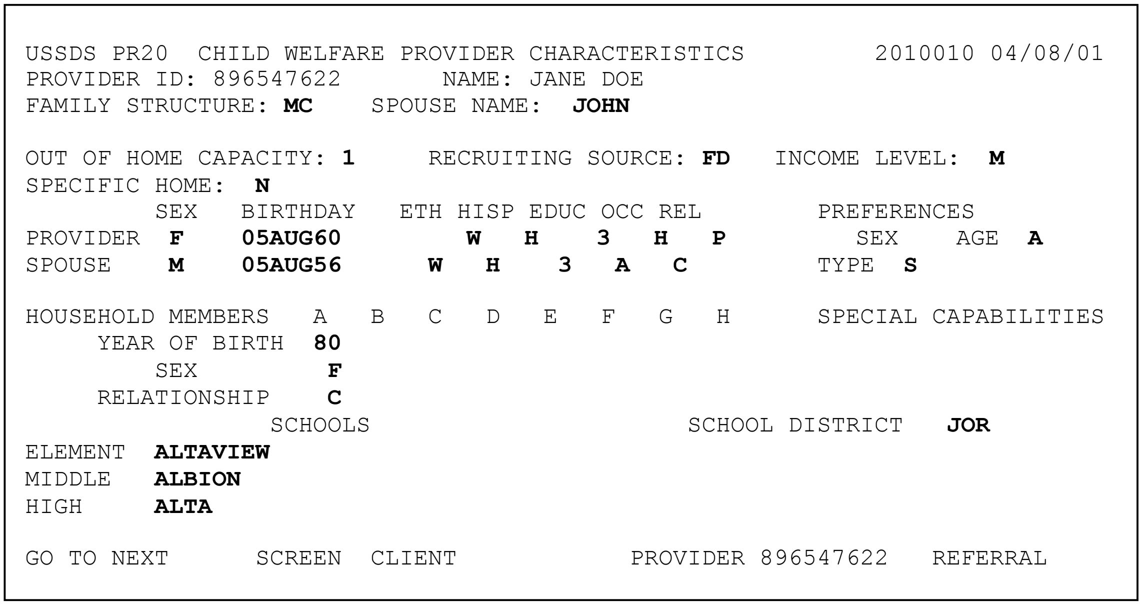
   b. You must also enter the appropriate “LICENSE TYPE”, “START DATE” and “END DATE” (not to exceed one year – ending on the last day of a month)

   c. Hit "Enter"

   d If everything is "OK" with the provider record for these license types, it will automatically take you to the CHILD WELFARE

   PROVIDER CHARACTERISTICS (PR20) screen. (For license type ILC, you do not need to enter this information. Go to PR07 and enter approvals).

Note: If this is a new provider record, you will automatically go to PR20. If this is an existing record that is being viewed or edited, you will be prompted that the record has been updated.



```
USSDS PR20  CHILD WELFARE PROVIDER CHARACTERISTICS         2010010 04/08/01
PROVIDER ID: 896547622       NAME: JANE DOE
FAMILY STRUCTURE: MC    SPOUSE NAME:  JOHN

OUT OF HOME CAPACITY: 1     RECRUITING SOURCE: FD   INCOME LEVEL:  M
SPECIFIC HOME:  N
         SEX   BIRTHDAY   ETH HISP EDUC OCC REL        PREFERENCES
PROVIDER  F    05AUG60        W   H    3   H   P          SEX    AGE  A
SPOUSE    M    05AUG56      W   H    3   A   C         TYPE  S

HOUSEHOLD MEMBERS   A   B   C   D   E   F   G   H      SPECIAL CAPABILITIES
     YEAR OF BIRTH  80
         SEX        F
     RELATIONSHIP   C
                 SCHOOLS                      SCHOOL DISTRICT   JOR
ELEMENT  ALTAVIEW
MIDDLE   ALBION
HIGH     ALTA

GO TO NEXT      SCREEN  CLIENT            PROVIDER 896547622   REFERRAL
```

4. At the “CHILD WELFARE PROVIDER CHARACTERISTICS” (PR20) screen:

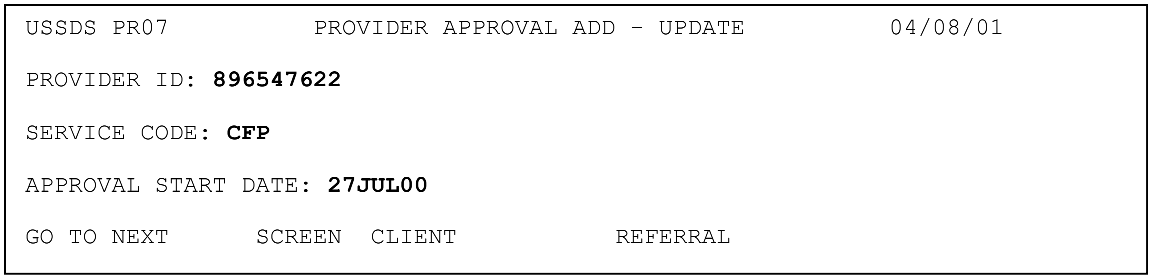
   a. Enter the information as it appears on the Form 519a, page 2.

   b. If any required information has been left off or entered wrong, the system will highlight the field.

   c. Hit “Enter” to save information. It will take you back to PR20 screen and let you know that “LAST SCREEN UPDATED – ENTER NEXT DATA”

d. Enter “MM00” in the “GO TO NEXT” space and return to the Main Menu.

5. At the MAIN MENU SCREEN, enter PR07 (PROVIDER APPROVAL ADD-UPDATE) with the appropriate password (same password cannot be used for approvals that was used to create provider records).



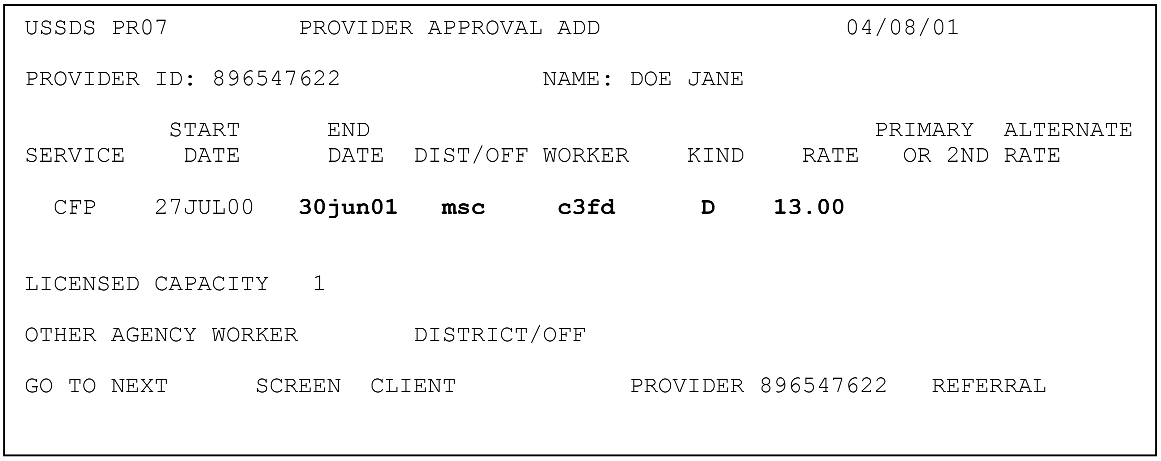
```
USSDS PR07          PROVIDER APPROVAL ADD - UPDATE         04/08/01

PROVIDER ID: 896547622

SERVICE CODE: CFP

APPROVAL START DATE: 27JUL00

GO TO NEXT      SCREEN  CLIENT           REFERRAL
```

6. You are now at the “PROVIDER APPROVAL ADD-UPDATE” (PR07) screen.

a. Enter the “PROVIDER ID”, “SERVICE CODE” and “APPROVAL START DATE” (approval start date cannot be before license start date that was listed on the PR05 screen). Hit “Enter”.

b. If you have not entered information on the PR20 screen prior to coming to the PR07 screen, you will get an error message “PLEASE GO TO PR20 SCREEN AND ENTER PROVIDER CHARACTERISTICS” (with the exception of license type “ILC” that does not require this information to be entered).

c. If you are updating an already existing approval, go to the PR11 screen to find the start date of the service type and enter that date on this screen.



```
USSDS PR07         PROVIDER APPROVAL ADD                04/08/01

PROVIDER ID: 896547622             NAME: DOE JANE

          START      END                                   PRIMARY  ALTERNATE
SERVICE    DATE      DATE  DIST/OFF WORKER    KIND    RATE   OR 2ND RATE

  CFP    27JUL00   30jun01   msc     c3fd      D    13.00


LICENSED CAPACITY   1

OTHER AGENCY WORKER        DISTRICT/OFF

GO TO NEXT      SCREEN  CLIENT            PROVIDER 896547622   REFERRAL
```

d. Enter the information as it appears on the Form 519b. The “END DATE” cannot exceed end date of license from the PR05 screen.

e. “LICENSED CAPACITY” will auto-fill with the licensed capacity that was entered on the PR20 screen and cannot be altered.

f. Hit “Enter” to save information. It will tell you that “LAST SCREEN UPDATED”.